## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13733 CERT

**CERTIFICATE OF DEATH** 

13692

D. COUNTY  Frederick  b. COUNTY  Baryland  Maryland  Montgomery  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cullen, M1.  Cullen,		Keg. Di	IST. EVO.
b. CIT OB TOWN (If outside corporate limit, write a LENGH OF STAY IN TO C. LENGH OF STAY IN	MARYIAND	a. STATE b. COUNTY	nce before admission)
Cullen, Mi  d. NAME OF HOSPITAL (if not in hospital, give sireet address)  J. AMANGO P. HOSPITAL (if not in hospital, give sireet address)  J. AMANGO P. HOSPITAL (if not in hospital, give sireet address)  J. AMANGO P. First  Maddle  J. AMANGO P. First  Maddle  J. AMANGO P. First  Maddle  J. COLOGO OR RACE  J. MARKED D. MORE D. DOVER MARKED D. B. DATO F BIRTH  Male  J. COLOGO OR RACE  J. MARKED D. MORE D. DOVER MARKED D. B. DATO F BIRTH  J. AMANGO D. J. J. MARKED D. DOVER MARKED D. DATO F BIRTH  J. AMANGO D. J. J. MARKED D. DOVER MARKED D. DATO F BIRTH  J. AMANGO D. J. J. MARKED D. DOVER MARKED D. DATO F BIRTH  J. AMANGO D. J. J. MARKED D. DATO F BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country)  J. ATHER'S NAME  J. AMANGO D. D. J. J. MARKED D. DATO F BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country)  J. AMANGO D. J. J. MARKED FORESS J. SOCIAL SECURITY NO. 17. INFORMANY  J. AMANGO D. J. J. MARKED FORESS J. SOCIAL SECURITY NO. 17. INFORMANY  Y. C. COLSTULATED J. J. S. A. J.	Frederick		
Cullen, Mil.  6. NAME OF HOSTITUTION OF THE PROPERTY OF THE PROPERTY OF HOSTITUTION OF HOSTITUTI	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. STREET ADDRESS VICTOR CUITER State Hosp.    Sold Woodston Road   STREET ADDRESS   Sold Stone Road   State Address		Rockville	15 26 2
NAME OF CUITED State Hosp.   509 Woodston Road   VES   NO ED	d. NAME OF HOSPITAL (If not in hospital, give street address)		e. 15 RESIDENCE
MARK Corrected   Mary   Middle   Lost   ASHTON   ASHTON   Doy   Year   1958		FOO Mandahan Band	
DECEASED  (Type or print)  GEOTGE  M. ASHTON  DEATH December  22 1958  SEX  6 COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Male  Male  Male  Month 10 Widness  Month 10 Widness  Month 10 Widness  Month 10 Mon			LES [] NO [X]
S.EX   6. COLOR OF RACE   7. MARRIEDED   NOTED   SOPE	DECEASED	OF	
Male White WIDOWED DIVORCED Sept 8 1902 155 77. Mooths Days Hours Min.  Do. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country)  BUS Driver  J. ACHIERS NAME  Transit Co. Washington, D. C. U. S. A.  J. ACHIERS NAME  GEORGE W. Ashton  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY  YES. COASTGUARD 19-120077.—18-8908 HORDITAL Chart (Patient)  18. CAUSE OF DEATH [Enter only one couse perfine for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY OCCURRED (o), stoling the under	SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	
Bus Driver  Transit Co. Washington, D. C. U. S. A.  JACKED FOR WASHED FORCES?  JACKED FOR BUSINESS OF DEATH (Enter only one course perfine for (e), (b), and (c).  PART I. DEATH WAS CAUSED BY:  JOHN CONTRIBUTION TO DUE TO  Conditions, if any, which gave rise to immediate cause (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (COURSE) FROM THE CONTRIBUTION OF PART II (e).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION (COURSE) FROM THE CONTRIBUTION OF PART II (e).  PART II. OTHER SIGNI	Male White WIDOWED   DIVORCED	Sept. 8. 1902   56 ym.	Days Hours Min.
Bus Driver  Transit Co. Washington, D. C. U. S. A.  FATHER NAME  George W. Ashton  S. WAS DECASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT  Address  Wash Decased Dever in U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT  Address  Wash Dread Chart (Patient)  18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (d).]  PART I. DEATH WAS CAUSED BY.  MAMEDIATE CAUSE (o)  Condition, If any, which gove rise to immediate cotte (o), storing the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NOTE)  ON CONTRIBUTING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (If ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (IF ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (IF ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (IF ETHER, NOTE)  20. ACCIDENT WAS LUNDERLYING DICAUSE OF DEATH (IF ETHER)  21. L'ENTRE OF INJURY Month, Doy, Yeor and was allowed the death decreased from DICAUSE OF DEATH (IF ETHER)  22. L'ENTRE OF INJURY Month, DOY, YEOR DEATH (IN ETHER)  23. L'ENTRE OF INJURY MONTH, DOY, YEOR DEATH (IN ETHER)  24. RECISITARY SIGNATURE  24. RECISITARY SIGNATURE	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CI	TIZEN OF WHAT COUNTR
ASTRONOME TO THE PROPERTY OF T		Washington D C I	T S A
George W. Ashton  S. WAS DECEASED EVER IN U. S. ADMEDITATIONS (ASOCIAL SECURITY NO. 17. INFORMANT  TO CONSTRUCT 19-120577-18-8908 Hospital Chart (Patient)  III. CAUSE OF DEATH [Enter only one couse perfine for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (b)  Conditions, if any, which gove rise to immediate cote (o), toloning the under:  (c)  Lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PENORMED.  YES ON THE CONTRIBUTING CAUSE OF DEATH (If ETHER, NOTIFY MAD UNDERLYING)  ON CONTRIBUTING CAUSE OF DEATH (If ETHER, NOTIFY MAD UNDERLYING)  TO CONTRIBUTING CAUSE OF DEATH  (If ETHER, NOTIFY MEDICAL EXAMINES)  20. ACCIDENT WAS UNDRELYING ON THE CONTRIBUTION OCCURRED (Enter noture of injury in Part 1 or Part II of Hem 18.)  TO CONTRIBUTING CAUSE OF DEATH  (If ETHER, NOTIFY MEDICAL EXAMINES)  20. INJURY OCCURRED (AS OF MAD WHILE OF WORK OF MAD WHILE OF WORK OF MAD WHILE OF MAD WHILE OF WORK OF MAD WHILE OF MAD W			J. D. R.
S. WAS DECRAFEDEVER IN U. S. ARMED FORCES? [Inc. Re. bruthman] [If yet yet wor of date distributions] [If yet yet work of the date stated above fire on July 20. ACIDENT (Stributions)] [If yet yet work of the date stated above fixed on July 20. ACIDENT WAS INDERLYING [In July 20. ACIDENT WAS INDEX. ACI			
Yes. CoastQuard*19-12057718-8908   Hospital Chart (Patient)			
Teach   Teac	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
B. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).		Hospital Chart (Patient)	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  COTONATY OCCLUSION  DUE TO  Conditions, if any, which gave rise to immediate casts (a), stoting the under:  lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONTRIBUTE TO THE TER			INTERVAL BETWEEN
DUE TO  Conditions, If any, which go ave rise to Immediate cattle (s), stoling the under:  Jying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES DUE TO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PART II of item 18.)  19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PART II of item 18.)  19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART II of item 18.)  19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO PART II of item 18.)  19. WAS AUTOPSY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS COUNTRY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS COUNTRY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT CONDITIONS COUNTRY PERFORMED?  YES NOTE:  PART II. OTHER SIGNIFICANT COUNTRY II OF PART II of item 18.)  YES NOTE:  PART II. OTHER SIGN			ONSET AND DEATH
Conditions, if any, which gave rise to immediate cases (a), stating the under:  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the terminal disease condition given in part I(a) 19. Was autopsy performed to the part II of them IB.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED with a part II of them IB.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED with a part II of them IB.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED with a part II of them IB.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED with a part II of them IB.)  20c. TIME OF	IMMEDIATE CAUSE (a) COPONARY UCCL	usion	
Due to course (o), stoting the under: lying course lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES DO ACCIDENT WAS UNDERLYING DATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NOTE: NOTE: MODERN WAS UNDERLYING DATE TO PORT II of item 18.)  20c. ACCIDENT WAS UNDERLYING DATE OF DATE OF THE PART I (o) 19. WAS AUTOPSY PERFORMED?  YES NOTE:	H do, DUE TO		No. 25.00
DUE TO    Due to   Due to   Due to	Conditions, if any, which )		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?   Moderately Advanced Pulmonary Tuberculosis	gave rise to immediate ( Due to		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  MODERATE OF ADVANCE PULIFIONARY TUDE CUIDOSIS  200. ACCIDENT WAS UNDERLYING TO OR OTHER DITIONARY TUDE CUIDOSIS  200. ACCIDENT WAS UNDERLYING TO OR OTHER DITIONARY OCCURRED. (Enter noture of injury in Part II or Part II of item 18.)  200. TIME OF INJURY Month, Day, Year While of wark to on work to on the course of injury in Part II or Part II of item 18.)  200. TIME OF INJURY Month, Day, Year While of wark to on work to one of the course of injury in Part II or Part II of item 18.)  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work to on work to one of the course of injury in Part II or Part II of item 18.)  200. TIME OF INJURY Home, farm, form, forciny, street, office bidg., etc.)  201. I certify that I attended the deceased from 10/23/58, 19, tal2/22, 19, 58, that I last saw the deceased alive on 90.  202. 19, 58, that I last saw the deceased alive on 90.  203. EURIAL, CREMATION, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	tries cover less		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark at war	(6)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at work at work at work at last saw the decease at one of the deceased from 10/23/58, 19, tal2/22, 19.58, that I last saw the decease at one of the decease at last saw the decease at one of the decease at last saw, from the causes and an the date stated above ADDRESS (Street, city or tawn, state)  21. I certify that I attended the deceased from 10/23/58, 19, tal2/22, 19.58, that I last saw the decease at last saw the decease at last saw, from the causes and an the date stated above ADDRESS (Street, city or tawn, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  T. F. Vestal, M. D. Cullen, Maryland  20. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at wor	Moderately Advanced Pulmonary	Tuberculosis	YES NO
21. I certify that I attended the deceased from 10/23/58, 19, tal2/22, 19.58, that I last saw the decease alive onec 22 19.58, and that death accurred at 11:10 AM, from the causes and an the date stated above ADDRESS (Street, city or lawn, state)  ACTUAL SIGNATURE	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
21. I certify that I attended the deceased from 10/23/58, 19, tal2/22, 19.58, that I last saw the decease alive onec 22 19.58, and that death accurred at 11:10 AM, from the causes and an the date stated above ADDRESS (Street, city or lawn, state)  ACTUAL SIGNATURE	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PL	ACE OF INJURY (Home, form, 20f. (City or town)	County) (State)
21. I certify that I attended the deceased from 10/23/58, 19, tal2/22, 19.58, that I last saw the decease alive onec 22 19.58, and that death accurred at 11:10 AM, from the causes and an the date stated above ADDRESS (Street, city or lawn, state)  ACTUAL SIGNATURE	Hour a.m. White Not white	ctory, street, affice bldg., etc.)	County) (didie)
alive onGC _ 22	p. m. 17 at work at work		
alive onGC _ 22	21. I certify that I attended the deceased from 10/23/5	8 . 19 . to 12/22 . 19 58 that I	Inst saw the decease
ADDRESS (Street, city or town, state)  DATE SIGN  ADDRESS (Street, city or town, state)  DATE SIGN  M.D.  PHYSICAN'S NAME (Type)  T. F. Vestal M. D.  Cullen Maryland  220. Burial CREMATION, PREMOVAL (Specify) Burial  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE			
ACTUAL SIGNATURE  PHYSICIAN'S T. F. Vestal. M. D. Cullen, Maryland.  20. BURIAL CREMATION, REMOVAL (Specify) Burial 12-26-58 Arlington National Arlington, Virginia  3. FUNGRAL DIRECTOR'S SIGNATURE ADDRESS-FF 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	dive on, and mai deam		
PHYSICIAN'S T. F. Vestal. M. D. Cullen, Maryland.  20. BURIAL, CREMATION, REMOVAL (Specify) Burial 12-26-58 Arlington National Arlington, Virginia  3. FUNGERAL DIRECTOR'S SIGNATURE ADDRESS-FF 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	1011-1	ADDRESS (Siree), City of Idwil, Stale)	DAIE SIGNI
NAME (Type)  T. F. Vestal M. D. Cullen Maryland  20. BURIAL CREMATION, REMOVAL (Specify) Burial  22. NAME OF CEMETERY OR CREMATORY Burial  12-26-58  Arlington National  Appress-f-  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SIGNATURE , T. S. A. A. C. C.	M.D	
20. BURIAL, CREMATION, REMOVAL (Specify)  Burial  22d. LOCATION (City, town, or county)  Stole)  Arlington National  Appress Appress (Stole)  Appress (Stole)  Appress (Stole)  Appress (Stole)	PHYSICIAN'S T. F. Vestal. M. D.	Cullen, Maryland.	
REMOVAL [Specify] Burial 12-26-58 Arlington National Arlington, Virginia 3 FUNGRAL DIRECTOR'S SIGNATURE ADDRESS- 1240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		I the date date up the res will use use per use of the search and	(Chata)
3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS - 1 245. REGISTRAR'S SIGNATURE	REMOVAL (Specify)		
ofer 1 Vilyatirely Delica and Misare DEC 2 4 '58 Color & Kraus	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
	ofer the unaturely secres	MEATE DEC 2 4 '58 711 8.	Traces

may be retained by the haspital or attending physician.

TO FUNERAL DIMETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should letached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 and 2 hild be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page-YS A15 (4) 15M 9/SS

and the state of the 10 10 10 10 10 10 10 10 10 S. Tank San St. Or . 100 11.

H

funeral director, Id be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TOR: After this certificate has been signed by the attending physician and campletely filled in by the blacked far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, crematian, ar removal, and in any event within 72 haurs after death.

by the hospital or attending physician

TO FUNERAL DIRECTOR PAGE 3 should the registror prior

VS A15 (4) 1SM 9/SS

TO HOSPITAL OR

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13734 CERTIFIC	AIE OF DEATH	Reg.	Dist. No.
D. PLACE OF DEATH O. COUNTY  Frederick  MARYLAND	2. USUAL RESIDENCE (When o. STATE	b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	103 166	side corporate limits, write RURAL of	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	smill.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECRASED MIDDLE MIDL	Lost	4. DATE Month	Day Year
(Type or print) CHARLES WESLEY  5. SEX   6. COLOR OR RACE   7. MARRIED IZ-NEVER MARRIED   7.	B. DATE OF BIRTH	9. AGE (In years IF UNI	OER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	april 14 1871	( Su yrs. Month	
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Montonence man Hanorer Sen. Hose	14. MOTHER'S MAIDEN NA	and I	u. S.A.
Charle Bankal	maria	Bened	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
HO 197-22-1800 M	ro Elementra	Beard Wheker	willer, mel.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		·	6 hours
784.5 DUE TO 1 -1	- 1 1-6	11 -	1 01
gove rise to immediate (b) In moral of Ale	mach steel	one undetermin	of shour
code (o), storing the under-		U	
	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN F	PART I(o) 19. WAS AUTOPSY
arterios leinin Generaliza	di revere		PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  CONTRIBUTING CONTRIBUTING COURT  200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURT  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Po	rt I or Port II of item 18.)	
	LACE OF INJURY (Home, form, octory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased fram. 12/2	, 1958, ta 13	2 / 3 19 58 that	I last saw the deceased
alive an 12/3 1256, and that death	h accurred at 430 A	M, from the causes and ar	the date stated above.
ACTUAL COMMENT		DURESS (Street, City of lown, store)	DATE SIGNED
SIGNATURE JAMES L. BOMES	M.D	LKERSUICCE	140 12/9/5
PHYSICIAN'S JAMES E. STONER			
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 2	2d. LOCATION (City, town, or count	y) (State)
Burial 12/5/58 Haughs &	emetery !	Mr. Ladienburg	mel.
13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D		
G. C. Barton Walkersnille	DATE DE	8 '58 arthur	S. Trays

CERTIFICATE OF DEATH

13694

		7.0	10 T		CEKIII		ATE OF I	JEATT			Reg. D	ist. No.		
1.	PLACE OF DEATH	Frederic	K		MARYL	AND		laryl		lived. If instituti b. COUNTY	on: Reside	nce belo	e odmiss	ion)
	Brunswi	ck			1 OF STAY I	N 16	1020	TOWN (IF a		ote limits, write R	URAL ond	give nec	resi fowr	)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv 629 Park			Ext.		d. STREET	DDRESS	Avenu	e Exte	nded			FARM?
	NAME OF DECEASED (Type or print)	Gertrude			Middle C		Brown	M	4. DATE OF DEATH	Mor 12	1th 2	7	,	Year 1958
	Female	White	WIDOWE	D 👺	ER MARRIES		12-27-	-1884		9. AGE (In years lost birthday) 73 yrs.	IF UNDE Months	Doys	Hours	R 24 HRS, Min.
10o	USUAL OCCUPATION OF WORK HOUSE	ON (Give kind of work do king life, even if retired) WITO	ne 10b. I	Hom		INDU		aryla		untry)		TIZEN O		COUNTRY?
13.	FATHER'S NAME	Samue:	l Sh	ewbr	idge		14. MOTHER'S	MAIDEN N		Guthr	idge			
IS. (Ye:		R IN U. S. ARMED FORCE (If yes, give war or dates of serv		SOCIAL SEC	URITY NO.		ossio E	rown	Bru	nswick		ylar	nd	
		mmediate ( DUE TO	e er in	e for (a), (b	you (c).	6	oed	son!	~				U y	
CERTIFICATION	20g. ACCIDENT WA	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)					NOT RELATED TO				/EN IN PA	RT 1(o) 1	9. WAS PERFO YES [	RMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	20d. IN While of work	URY OCC	hile	20e. PL fo	ACE OF INJURY I	Home, form, e bidg., etc.	20f. (City	or lawn)		County)		(Stote)
90.	21. I certify the dive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	C.E. Prutt	19.1	S	A			8 N	wick,	the causes of control or lown, Marylan	and on store)		te state	ATE SIGNED
	REMOVAL (Specify) Burial	12-10-5	3	P	ark I		ghts		Bru	nswick	Ma	ryl		•)
(3.	FUNERAL DIRECTOR		Brun	ADDR	k, Mar	ryl	and	24a. REC'D	2 158		STRAP'S SI		RE	

TO FUNERAL DIPETOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should likeloched for use as the buriol-transit permit. Then please remove softon papers. Pages 1 and 2 lid be filled with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours often death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 9/55

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=	- Applications	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13735 CERTIFICATE OF DEATH

Reg. Dist. No. 13695

								Ked. Dist.	140,	
1. PLACE OF DEATH  o. COUNTY FT	ederick		MARY	LAND 2.	USUAL RESIDENCE (WOOD STATE Maryla		Llived. If institu b. COUNT	M	before odm erick	ission)
	f outside corporate limit Heights Mi.		c. LENGTH OF STAY  2 weeks	IN 1b	c. CITY OR TOWN (IF o		rate limits, write	RURAL ond giv	re nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION VINCE, DO N	TAL (If not in hospitol, g a Convalesc	ent I	oddress) Iome	1	d. STREET ADDRESS  16 eas	t 3rd	Street		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Goldie		Middle A •	Brown	lost	4. DATE OF DEATH		cember	Day	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR			tre of Birth tne 21, 189	0	9. AGE (In year last birthday) 68 yr	Months D	YEAR IF UN	
	ON (Give kind of work of king life, even if retired)  at dairy	lane 10b.	KIND OF BUSINESS C		Mt. Airy	, Mary	land		U.S.A.	AT COUNTRY
3. FATHER'S NAME		**	, 4	14	. MOTHER'S MAIDEN		100			
	James Ruphu			). 17. INFO	France	s Dors	- 6	Idress		
(Yes, no, or unknown)	(If yes, give wer or dates at a  NO  ATH [Enter anly one co	rvice)	218-24-139	5 L	wis D. Hoo	d, Bal			nd Br	Modern
Conditions, if a gove rise to i couse (a), stating lying couse last.	mmediate the under-		axaya	(	ploma					nont
EV	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASI	CONDITION G	IVEN IN PART I	PER	S AUTOPSY FORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (E	nter nature of injury in	Part 1 or Part	(1 of item 18.)			
ZOc. TIME OF INJUS Howr or n. p. m.	tY Manih, Doy, Yea	20d. IN While at work	Not white of work	20e. PLACE foctory	DF INJURY (Home, farm street, office bldg., etc	20f. (City	or town)	(Con	unty)	(Stote)
alive an	amus B.	decease 195	S, and that	death oc	., 1951 , to 15 turred at 5:/5	ADDRESS (S)	the causes	and an the	date sta	e decease ited above DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL	Dec.17,		22c NAME OF CEM Prospect				ION (City, town			ote]
23. FUNERAL DIRECTOR	& SIGNATURE	de	ADDRESS Frederi	ck, Ma	ryland DATE	DEC 1 9	RAR 24b. REC	SISTRAR'S SIGN		

yest och AND THE PARTY OF T The state of the state of the state of 

VS A1S (4)

15M 9/95

13698

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES |

(State)

NO K

(State)

12. CITIZEN OF WHAT COUNTRY?

Day

Days

USA

(County)

DEC 2 4 '58

DATE

ON A FARM?

YES NO-

Year

19 5

Min

CONTROL OF DEATH int Conditions The property of the second sec Commence of the second second

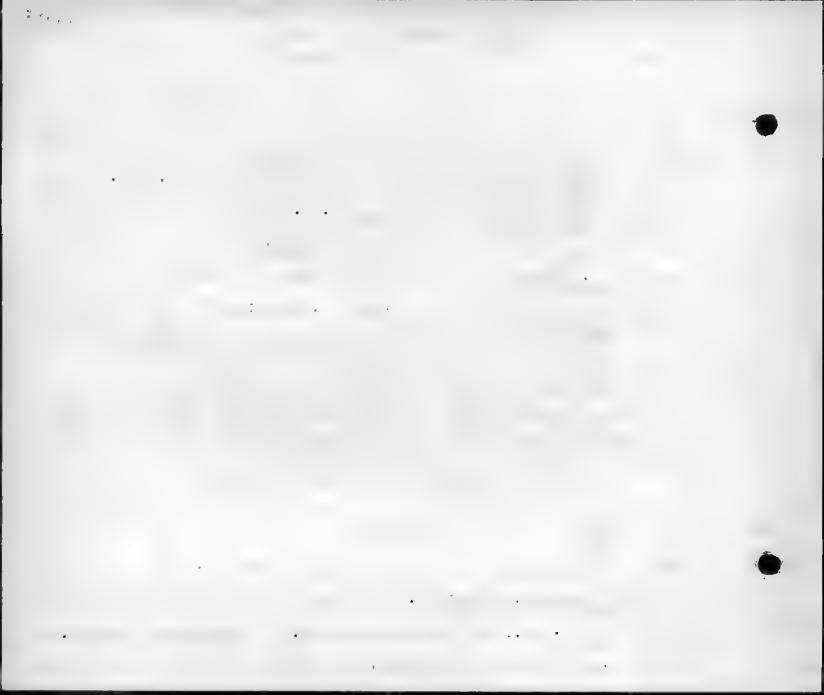
VS A1S (4) 1SM 9/SS 13706 CERTIFICATE OF DEATH

	1/20	V	V	

2.0 -	00		leg. Dist. No.
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (Where deceased lived of institution. o. STATE Virginia b COUNTY	Residence befare admission) LOUGOUN
CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)     Frederick		c. CITY OR TOWN (If autside carparate limits, write RUR.	AL and give nearest tawn)
	Since 6/58	Lovettsville	, , , ,
d. NAME OF HOSPITAL (If not in hospital, give street	et address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	MAY	COMPRY 4. DATE OF DEATH DEC	- 27 1958
Female White wipo	WED DIVORCED	11 April 1878   last birthdoy)   A	Months Days Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) HOUSE—WORK	At Home	TRY 11. BIRTHPLACE (State or foreign country) Virginia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George W. Williams		Annie Cordell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? I [Yes, no. or unknown] [If yes, give wor or dates of service]		rol Compher (Same as item #1	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Canditions, if ony, which gave rise to immediate cotts (o), stating the under-	Arteric - St.	Oedoma lerotic Cardio - pascus Verhaitis	INTERVAL BETWEEN ONSET AND DEATH 12 GOWLS
CATIC	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO KK
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)	
Hour a. m. Whi	f	ACE OF INJURY (Home, farm, 20f. (City or tawn) tory, street, office bldg., etc.)	(County) (State)
ACTUAL SIGNATURE SERVICE OF THOMPSICIAN'S ROMPSICIAN'S RO	Themas	F .D	that I last saw the deceased d on the date stated above DATE SIGNED DEC. 27, 1950
NAME (Type) DEFINAT G 0 1110.  22a. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify) 12–30–58	22c. NAME OF CEMETERY O		**
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE



1	- ĥe	I	tem 18 F:	11m 238 1=2	AND 5	CERTI		NT OF I			TIMORE, 1	8 Reg. Dist	_	13698
director,	X		LACE OF DEATH			MARY	YLAND	2. USUAL RES		ere deceased	lived If institution b. COUNTY	n Residence	a befare oc	
. 27 /	2		Frede:	(If outside corporate limit	ts. write c.	LENGTH OF STAY	IN 15	c CITY OR	Md.	itside corooi	ote limits, write R		eder	
uneral Id be 1			RURAL and give	neorest town)							wie minis, with K	and the	ve mediesi	100011
	r9 %	-	NOW MI	ITAL (If not in hospital, g	jive street add	ress)		X New ]		У			e. IS	RESIDENCE
by the	,,					<u> </u>		/					0	S NO NO
2 i ja .:	"	Ľ	NAME OF DECEASED	Fin		Middle		Lo	ist	4. DATE OF	Mon		Day	Year
campletely filled sapers. Pages 1 auh.		J	Type or print)	CHRIST		ELA		COOPE		DEATH	Dec	, 28	. 19	589
P S		5 :		6. COLOR OR RACE		NEVER MARRI		. DATE OF BIRT	TH		9. AGE (In years lost birthdoy)	The second second		INDER 24 HRS.
ed v		10	Female	White	WIDOWED			Nov.			yrs.	LI	18	
	-	100	during most of wo	ION (Give kind of work orking life, even if retired)	done 195. KIN )	ID OF BUSINESS C	OR INDUST				untry)	12 CITI	ZEN OF W	HAT COUNTRY?
Pug f		-	None						Fredk		MD			
a carb	. 5 /	13.	FATHER'S NAME					14. MOTHER'S	S MAIDEN N	AME				
S 6 12 0 5	-	_	John	P. Coor				The second secon	aine	L.	Stover			
Phys Phys		15. (Ye	WAS DECEASED EV , no, or unknown)	ER IN U. S. ARMED FOR	CES? 16. SO(	CIAL SECURITY NO	).   17, IN	FORMANT			Addr	ess.		
ing se n			No			No		ohn P	Coo	per	New Mic	lway	M	D
attending n please n within 72				ATH [Enter only one co						_		1	LONGET I	L BETWEEN
e e e			PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	C	ongestiv	e he	art fai	Llure	e pul	monary o	edema	T.	nour
4 4 9			595 X	DUE TO			4-7				7		3.0	h
د رط آن اور از بازار کرد			Conditions, if			nterstit	lal	pneumor	nitiB,	Vira	т		12	hours
gner in c			gave rise to cottle (a), stating											
asit and		_	lying cause last										<u> </u>	
physici os bee ial-trai		CATION	PART II. O'	THER SIGNIFICANT CON	DITIONS <u>CO</u>	TRIBUTING TO DE	ATH BUT N	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
ending ficate h ficate h the bur		CERTIF	OR CONTRIBUTIN	AS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIE	SE HOW INJURY O	OCCURRED.	. (Enter nature o	of injury in P	art I ar Part	II of item 18.)			
or officertification,		MEDICAL	20c. TIME OF INJU Hour o, m.		While	RY OCCURRED Not while	20e. PLA	CE OF INJURY ory, street, affic	(Home, form, ce bldg., etc.)	20f. (City	ar town)	(Co	ounty)	(State)
ospital (fter thi		2	21. I certify t	hat I attended the	deceased	from. 10		, 19 <u>5</u> 7			9C; 1951			
OR: A			alive on	Dec.	18_5	, and that	death	occurred at			the causes a		e date s	
2 D				7 (	1	- 7					reet, city or town,	_ ′	,	PATE SIGNED
je de je	,		ACTUAL SIGNATURE	time	150	ren ,	N	.D	Walke	rsvi.	lle.	MD		2/29/5
be retaine HERAL DIS 3 shauld			PHYSICIAN'S NAME (Type)	James F	. Sto	ner Jr	•							**
moy be r TO FUNER, page 3 s the regist		220	BURIAL, CREMATI	ON, 225. DATE THEREO	)F 2	2c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town, o	r county)	(	(State)
may the reference of the re			REMOVAL (Specify	Dec. 30	PPET C	Creage	erste	nym C	em.	Cress	rerstow	Fre	dk C	0 - M
1		23/	FUNERAL DIRECTO	R'S SIGNATURE	7	ADORESS				BY REGIST		TRAR'S SIGI		
VS A15 (4) 15M 9/55	4	F		Creage	2	Thurn	nont	MD	DATE	2 '59	CI	1 or 2 \$	. 1	
	36		0											



	104	191 CERTIF	ICATE OF DEAT	Н		Reg. Dist	t. No.	
. PLACE OF DEATH d. COUNTY	roderick	MARYLA	2. USUAL RESIDENCE (VO. STATE	Where deceased	lived If institution b. COUNTY		derio	
	If outside corporate limits,	write c. LENGTH OF STAY IN			role limits, write R		A1 A 10	
Rural Mid		vears	X Rural Mi	ddleto	own			
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	street address)	d. STREET ADDRESS				ON	ESIDENCE A FARM?
NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	John	Emory	Crampton	DEATH	1	2	28	19 58
i. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	_		9. AGE (In years lost birthday)		Dovs Hou	
male	T. WILLIAM CO.	DIVORCED DIVORCED	<u> </u>		70 yrı.			
On USUAL OCCUPATION during most of wor	ON (Give kind of work don king life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Sto	te or foreign co	zuniry)	12. CITI	ZEN OF WH	AT COUNTRY
laborer		farm	Maryl	N-14-52-5			U.S.	
3. FATHER'S NAME			14 MOTHER'S MAIDEN					
	Crampton			Boyer				
	R IN U. S. ARMED FORCES Iff yes, gave wer or doles of service		17. INFORMANT		Add			
no		" 214-32-2602	liss Evabell	e Crar	npton, l	Micdl	etown	. Md.
	•	per line for (o), (b), and (c)					INTERVAL	
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)						O I TOET AT	O DENTI
41	DUE TO	10	1 Caroli				184	n 1 8
Conditions, if o		Sarana	My Care	wer	71		100	par -
gave rise to i cause (o), stating lying cause lost.	the under-	(Quinas	. Selm	15/S	5		3	Un
	(c) FERBIGNIFICANT CONDIT	TONS CONFRIBUTING D DEATH	H DUT NOT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19, WA	& AUTOPSY
The state of the s	James els.	rest X-5	a traver.					FORMED?
20a. ACCIDENT W.	AS UNDERLYING [ 20	b. DESCRIBE HOW HAJURY OCC		n Port I or Port	t II of item 18 )		120	
OR CONTRIBUTING	MEDICAL EXAMINER)		,					
	RY Month, Day, Year	20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home, fo	rm, 20f. (City	or town)	(C	qunty)	(\$lale)
20c. TIME OF INJUI Hour o. m.		While Nat while	foctory, street, office bldg , (	Hc.)				
			MP 154.	17/5	-7 10 C	George		
	nat I attended the de	77/	A-1	3-7-1		J		e decease
alive an	14-2-17	deal that d	eath occurred at		n the causes of treet, city or town,		e date sta	nate above
ACTUAL /	C X	150000	10	1	( ) City of lown,	1	/	DATE A.
SIGNATURE	1		4LD.	-4-12				7.24
PHYSICIAN'S NAME (Type)	or. A. Talh	oft Price	Jeffer	son I	id.			./
	ON, 226 DATE THEREOF	22c. NAME OF CEMETE			ION (City, Iown,			natal
REMOVAL (Specify		***					(5	tole)
DUPLA 3. FUNERAL DIRECTOR		158 Reformed	Comotory	C'D BY REGIST	dletow	STRAR'S SIG	NATURE	
dhafa		, Middletown	3/3					
CITC CITT	range out of the court	9 11 CC CC W1.	l, Mae DATE,	RAT 7 'S'	4	1 mg 8 9	Marke	

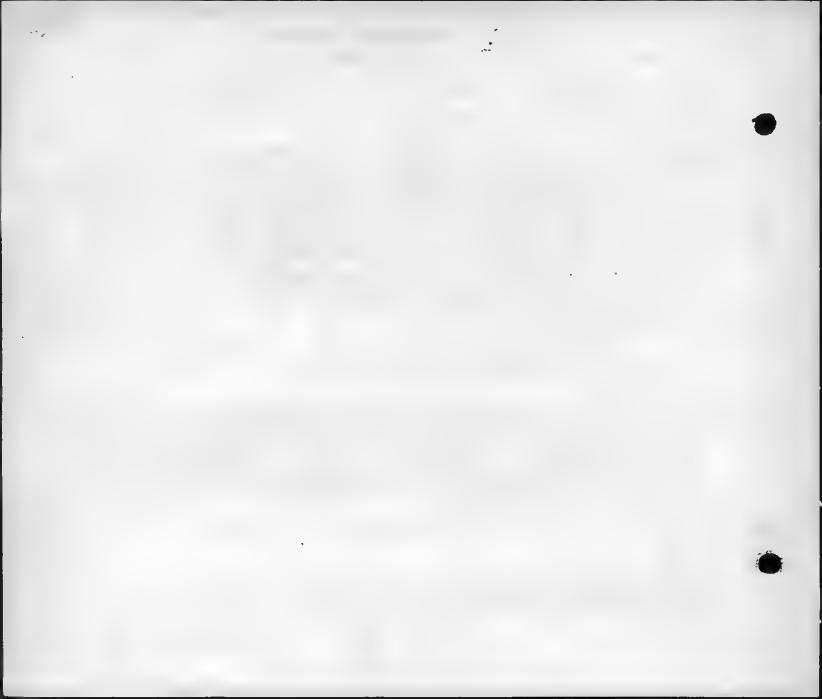
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

\*\*TO FUNERAL DIPATE\*\*: After this certificate has been signed by the attending physician and campletely filted in by the page 3 should steached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

funeral director, Id be filed with

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VS A15 (4) 15M 9755



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FUNERAL DIP

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					DEPART	M	ENT OF HEALTH	—BAL	TIMORE,	18			
			1370	)7 c	ERTIFIC	CA	TE OF DEATH			R	eg. Dist. P	.13	701
1.	PLACE OF DEATH o. COUNTY	Frederick			MARYLAN	D	2 USUAL RESIDENCE (Whe	re decease	d lived. If instit b. COUN	ulion:	Residence be	efore odmi	ssion)
	b. CITY OR TOWN ( RURAL and give n	of cutside corporate time egrest town! Frederick	nits, write		OF STAY IN T	Ь	c. CITY OR TOWN (IF ou Baltimo		Prole limits, write	e RUR	AL and give	nearest tov	'n) /
	OR INSTITUTION	TAL (If not in hospite), Frederick A	_		pital		d. STREET ADDRESS 3825 Le	win	Ave. Ba	alt	. 15	ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	JOHN	irst	HENRY	Middle CROU	SE		4. DATE OF DEATH		nb e	r	Doy 22,	Year 19 58
	male	6. COLOR OR RACE	WIDOWI		DIVORCED [		Sept. 30, 18				UNDER 1 YE		
L	Cemetery	ON (Give kind of work king life, even if retired DMP Loyee	dane 10b.	KIND OF BUS	INESS OR IN	IDU\$1	RY 11. BIRTHPLACE (Stole of Maryland		ountry)			OF WHA	T COUNTRY?
L	Edward (						14. MOTHER'S MAIDEN NA Elizabet		hide				
(Ye		R IN U. S. ARMED FOI (If yes, give wor or dates of		50CIAL SECU .8–10–5			formant r. Melvin E.	Crous		Son		, Fr	ederick
z	PART 1. DEA Canditians, if a gave rise to i cause (a), stating lying cause last.	the under-	b)	ance	non	<b>-9</b>	of prosted	5 w	ikm.	el	rata	NTERVAL E	D DEATH LANGE
RTIFICATIO		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					. (Enter nature of injury in Po			PIVEN	IN PART 1(0)	PERF	ORMED?
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. p. p. m.		<u> </u>	Nat whi	le	PLA	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City	or town)		(Cauni	(1)	(State)
	21. I certify the alive an	nat I attended the	decease , 19_5	-0	d that dea	ath o	occurred at	.M, fran	2 , 19.5 In the causes treet, city or tow	and	an the c	late stal	deceased led abave. PATE SIGNED
	PHYSICIAN'S DI	Rex Mart	in M.	).			35 E. Chur	ch St	Fred	leri	ick. M	ryla	nd
220	BURIAL, CREMATIC REMOVAL (Specify)	D. C. O.			OF CEMETERY		CREMATORY	22d. LOCA	NON (City, town	, or c	ounty)	(Sto	te)
	MATEUR.	Dec. 26	1 - 15	I Daki.	aum C	am.	oT.ervy	Rolt.	imore	ייני ביוֹעוֹ	ar and		

Cemetery

ADDRESS Frederick, Maryland

Baltimore.

24a. REC'D 8Y REGISTRAR

DATEDEC 2 9 58

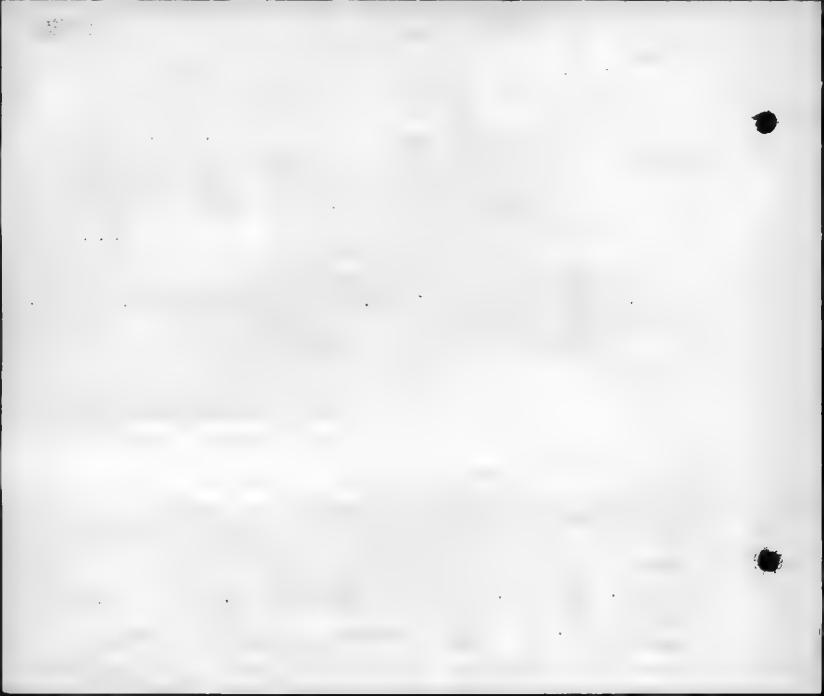
246. REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

OakLawn

VS A15 (4) 15M 9/55



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	1	3	-	U	P

134	708	CERTIFICATE	OF	DEATH

708	CERTIFICATE OF DEATH	1
UO	CERTIFICATE OF DEATH	Reg. Dist. No.

1. PLACE OF DEATH	dond als		MAR	rLAND .	2. USUAL RESI			d lived. If instituti b. COUNTY				ion}	
	derick f outside corporate limit	le surite	c. LENGTH OF STAY		- CITY OD		rland	4 1 2 2		deri		- >	
Frederick	orest fown)	15, WIIIB	Days	114 10	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick								
d. NAME OF HOSPIT OR INSTITUTION Wynelle Nu	At (If not in hospital, g rsing Home	ive street	oddress)		d. STREET A		Secon	d Street				SIDENCE FARM? NO []	
3. NAME OF	Fir	51	Middle		los	1	4. DATE	Mon	ıth	Do	Y	Year	
(Type or print)	ANNIE		C.		DAN	IIELS	OF DEATH	Necemi	ber	22,		1958	
5. SEX		7 MARR	IED NEVER MARRI	ED 🔲 I	B DATE OF BIRT	н		9. AGE (In years lost birthdoy) 87 yrs.				ER 24 HRS	
Female	White	WIDOWI	DIVORCE	D 🔲	May 6,	1871	Ì	87 m	Months	Days	Hours	Min	
10a USUAL OCCUPATION during most of work Cheif Operation	ing life, even if relired;		el. Co.	OR INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co		12. CI	TIZEN O	F WHAT	COUNTRY	
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N							
F:	ranklin H.	Davi	S			Mahal	ia R.	Coblent	z				
15. WAS DECEASED EVER	R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 15	NFORMANT			Rockweld	en Ter	race	) <sub>n</sub>		
No	M yes, give war or dates at s		None	Mr	s. Gilmo	ore R.	Flau	tt,Sr.,				<u> </u>	
	TH (Enter only one ca	ose per hi	ne far (a), (b), and (c).	1/1	0	/	0			INTE	RVAL BE	DEATH	
TAKI I, UÇA	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conduct Environments  Consider the control of t												
445X DUETO HERONATO DO DELA TO CONTRACTOR OF THE PROPERTY OF T													
	Conditions, if any, which) (b) AMUNIONSER CANDER WOODER TO GREEK											(Ves	
	gove rise to immediate course (a), stating the under-												
	(c)		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	F CONDITION GIV	/FN IN PAI	RT 1/01 1	9. WAS	ALTOPSY	
ST S		9							611 91 101	1,0/	PERFC YES [	RMED7	
THE EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES(	CRIBE HOW INJURY O	CCURRED	), (Enter nature a	if injury in f	Parl I or Parl	t II of item 18.)					
ZOC. TIME OF INJURY Haur e. m.	r Manth, Day, Yes	20d. If While of work	Not while	20e. PLA foci	ACE OF INJURY (I tary, street, office	Home, form bldg., etc.	, 20f (City	or lown]	(	(County)		(State)	
21. I certify the	at I attended the	decease	ed from OCF	11	195 8	to 124	DC. 2	2-3, 1957	that I	last so	w the	deceases	
alive on De	200	. 195		death		12;00	M from	n the causes of	and on i	the da	to etat	ad abava	
7	7	11/	7'5/		00001100 00			treet, city or town,		nie du		ATE SIGNED	
ACTUAL SIGNATURE	Servar	do	Mille	e of	A.o. Profe	ession	al Bu	ilding		1	2/23	1/1958	
PHYSICIAN'S NAME (Type)	Dr. Bernard	10.	Thomas	<u></u>	Frede	erick,	Mary	land					
220. BURIAL, CREMATION	N. 226 DATE THEREO	F	22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCAT	TION (City, town,	or county)		(Stat	(e)	
Burial (Specify)	Dec .24,19	958	Reformed	Ceme	terv			dletown.		vlan	d		
23. FUNERAL DIRECTOR'S			ADDRESS			240. REC'I	BY REGIST		STRAR'S SI	GNATUR	E		
M. R. Etch	ison & Son	Fre	derick, Ma	ryla	nd	DATE	neg 2 s	, '58	C 1	1. 90	aus		

erol director TO MOSPITAL OR ATTENDING PHYSILIAN: The form requires that the death certificate be executed within 21 hours after liesth: lage 11 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be ached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 stoke registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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V\$ A15 (4) 15M 10/57

		137	09 CERTI	FIC	ATE OF D	EATH			Reg. Dist		1 4 55+1
1, PLACE OF DEATH  o COUNTY	Frederick		MARY	LAND	2 USUAL RESID	Maryl	_	. If institution b. COUNTY	_	deric	
b. CITY OR TOWN ( RURAL ond give n Frederic	If outside corporate limi egrest town) CIC	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town  //  Frederick						
d. NAME OF HOSPITAL (If not in hospital, give street or institution Frederick Memorial Ho					/d. STREET A		Fourth	Stree	et	ON	ESIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	WALT		Middle ALLEN		DANNE	R,SR.	DATE OF DEATH	Mont Dece	mber	Doy 21,	Year 1958
5. SEX Male	6. COLOR OR RACE	7. MARR	DIVORCE		B. DATE OF BIRTH November		388 70	E (In years t birthday) yrs.		YEAR IF UN Days Hour	
100. USUAL OCCUPATE during most of wor Laborer	ON (Give kind of work king life, even if retired	dane 10b.	Rug Store	R INDU	STRY 11. BIRTHPL		foreign country) rland			USA	AT COUNTRY
4-	t T. Danner						we ). Sumar				
15 EWAS DECEASED EVI	ER IN U. S. ARMED FOR III year, give wor or dotes of a NO	ervice)	50CIAL SECURITY NO 4-10-1654		rs. L. II	ene Da	nner,Sa	ame as		#2	
	ATH [Enter only one co ATH WAS CAUSED BY. IMMEDIATE CAUSE (c DUE TO	)	e for (o), (b), and (c).	) 5 °C	lende	-la	ext a	rseas	2	INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if c gave rise to i cause (o), stoting lying cause lost.	immediale (	)	relly de	nes	a m	you	arelal	ing	arct		
CATK	HER SIGNIFICANT CON	DITIONS (	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE CON	DITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in Par	t 1 or Part II of	item 18.)			
Y 20c. TIME OF INJUITED Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. If While of work	Not while of work	20e PL fo	ACE OF INJURY (I clary, street, office	lome, form, bldg., etc.)	20f. (City or to	wn)	{Co	ounty)	(State)
21. I certify the ofive on	nat I attended the	deceos	ed from Dec	death	, 19 <i>5</i> 9 occurred at	5:25P.	M, from the	couses a	nd on the	ist saw the	e deceased
ACTUAL SIGNATURE	Ker R	22	Darth	- '	M.D East		oress (street, on Street		itole)	12/2	3/1958
	Dr. Rex R.				*		Maryla				
Burial CREMATIC	Dec.24,1		Mount Oli			У	Freder	rick,		Maryl	and
23. FUNERAL DIRECTOR M. R. Et	chison & Sc	n, Fr	ADDRESS rederick, N	lary	land	DATEFO 9	o 158	24b. REGIS	TRAR'S SIGN		

havrs after death



## FOR STATE HEALTH DEPT.

18

11-1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be "parded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from tiles.

10 FUNERAL L. TIOR: Page 3 should be used as a burial-transit permit. File gages 1 and 2 with the State Bury of Health, or the designated agent, prior to burial, cremation, at removal, and fill any event within 72 hours after death

	MARYLAN	ID STATE	DEPARTME	NT OF	HEALTH-	-BALTIMORE,	18
3740	MEDI	CAL EX	AMINER'S	CERT	IFICATE	OF DEATH	b

12705

13740 MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH Reg. Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved I institution Residence before admission)
o. county Frederick Marylan	o. STATE Florida b COUNTY
b. CITY OR TOWN (if buttide corporate timits, we to RUPAL C LENGTH OF STAY IN 1	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Middletown minutes	Naples
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
, and a second of the second o	ON A FARM?
STATE OF	
NAME OF First Middle DECEASED	Lost OF TO TAKE OF Year
4 4 44 44 44 44 44 44 44 44 44 44 44 44	itrow   DEATH   12   16 19 58
SEX 6 COLOR OR RACE 7- MARRIED TO NEVER MARRIED	
male white WIDOWED DIVORCED	2/22/1907 5 1 yrs. Months Days Hours Min.
00 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR IND during most of working life, even if retired)	SUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
foreman bldg. constr	ruction Maryland U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H. Carlton Dutrow	Jennie Stottlemyer
	7. INFORMANT Address
Yes, no. or unknown)   (If yes, give was as dates at service)	The state of the s
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COTONARY OCC	usion minutes
420.1 DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate cause	Special Company of the Company of th
tor, name the underlying	
No.	LT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	(Enter noture of injury in Port I or Parl 11 of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote)
Hour e.m. While Not while p.m. 19 of work of work	factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described a	shove held an Autoney [7] Inspection [7] Inspection [7]
apinion death resulted fram: Natural causes , Acciden	
Q MIP	DAYE SIGNED
SIGNATURE DO MANNESS	M.D. CHIEF MEDICAL EXAMINER
PVA MIGPAIR	ASSISTANT MEDICAL EXAMINER []
EXAMINER'S Dr. B.O. Thomas, Sr.	DEPUTY MEDICAL EXAMINER \$\frac{1}{2}\$
20. BURIAL, CREMAT ON. 1226 DATE THEREOF 22c NAME OF CEMETERY	
REMOVAL (Specify)	Contour Middle Time
B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
4	20000150
Gladhill Co., Middletown, Md.	DATE DEC 2 2 '58 Chung & Krand

VS. A15ME 5M 2757

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	136	J.W	CERTITIO	~"	L OI DEAI		Reg. Dist. No				
1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAND	2.	usual residence (w		d lived, If institution b, COUNTY		ence befo		
b. CITY OR TOWN RURAL and give Brunsw		s, write	c. LENGTH OF STAY IN 16	ř	c. CITY OR TOWN (IF	outside corpo		URAL and	give nec	arest law	n) V
	PITAL (If not in haspital, gi		d STREET ADDRESS						4 FARM?		
			sing Home	1			-			1E2 [2	NO 🗆
3. NAME OF DECEASED (Type or print)	John Fin		George	Ed	lwards	4. DATE OF DEATH	12	th	Da		1क्8
5. SEX Male	1277 - 2 3 - 1	7. MARR	D DIVORCED		1-29-1865		9 AGE (In years lost birthday)	Months Months		Hours	ER 24 HRS. Min.
10a USUAL OCCUPAT during most of wo Retired	orking life, even if retired)	ane 10b.	KIND OF BUSINESS OR IND	USTRY			auntry)	12. C			COUNTRY
13. FATHER'S NAME	Latition.		Crops	1.	Virg			1	U.S	·A ·	
	Samuel H	.Edv	vards				harlotte	a Eb	ert	s	
15. WAS DECEASED EV (Yes, no or unknown)	/ER IN U. S. ARMED FORC   (If yes, give wor or dates of ser			INFO	S.Edwa:	rds	Washi		n.D	.C.	
PART I. DI 33/X Canditions, it		se per lin	e fac(a), (b), and (c))	K,	alci	iku	7		INTI	ERVAL BE	ETWEEN DEATH
gave rise to cause (a), statinglying cause loss	g the <u>under-</u> DUE TO	PITIONS C	ONTRIBUTING TO DEATH BU	וסא דו	RELATED TO THE JERM	IINAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(a)	19 WAS	AUTOPSY DRMED?
PART II O	VAS UNDERLYING   IG   CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED (E	nter nature at injury in	Part I or Par	1 11 of item 18.)	7		YES [	
WEDI TO SHOW THE OF INJU-	JRY Month, Day, Year	r 20d. IN While of work	Not while F		OF INJURY (Home, far street, affice bldg., et		r or town)		(County)		(State)
21. I certify alive on	21. I certify that I attended the deceased from 12-17, 19-53 to 12-17, 19-53, that I lost saw the deceased alive on 19-53, and that death occurred at 5-12-51M, from the causes and on the date stated above Apparess (Street, city or town, state)  DATE SIGNET										
ACTUAL SIGNATURE	W.B. C.	1 de	ENTER	_M D.	Hill	tysi	hip 12	4-1-	-12	1-18	75.5
NAME (Type)	W. D. C.17	<u> </u>	ENIEN								
220. BURIAL, CREMATI REMOVAL (Specif Burial		-10	St. Luke		EMATORY		TION (City, lawn, o			(Stot	•
23. FUNERAL DIRECTO			ADDRESS		24o REC	D BY REGIST		TRAR'S S	IGNATU	RE	
12 /10	tulo Bru	nswi	lck, Maryland	F	DATEC	1 0 100		_	, ,		

moy be retained by the hospital ar ottending physicion.

TO FUNERAL DIPFCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 tild be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours, after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4 VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission Frederick b. COUNTY Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 109 East Fourth Street YES NO DATE Year DEATH 19 58 December 12. 9. AGE [In years IF UNDER TYEAR IF UNDER 24 HRS foil birthday) Months yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Core Maker Iron & Steel Co. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen Clifford Fagan Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Eva F. Fagan 211-10-3212 (Same as item #2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Tuberculosis of Right Lung IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES AT NO [ 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 200 PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Nat while ot work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy KJ. Inspection XI, Inquiry XXI, and find that death resulted from: Notural causes [X], Accident [], Suicide [], Homicide [], Undetermined couse [] DATE SIGNED CHIEF MEDICAL EXAMINER

Hour o. m.

CERTIFICATION

o. COUNTY

NAME OF

DECEASED (Type or print)

Male

No

couse lost.

5. SEX

**EXAMINER'S** NAME (Type)

220 BURIAL CREMATION.

Burial (Specify)

**ACTUAL** 

SIGNATURE

B. O. Thomas. M. D.

22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

22d, LOCATION (City, town, or county) Frederick. Maryland

13 Dec 1958 (State)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland 24c. REC'D BY REGISTRAR DATE DEC 1 6 '58

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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with the registrar

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with form

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MEDICAL EXEMINER.

DEPUTY

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50 FUNERAL

along with for burial-transit (

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13711

**CERTIFICATE OF DEATH** 

Rea Dist No.

					Reg. Dist. No.									
		COUNTY					2. USUAL RESID	. If institution	tutian Residence before admission)					
		Fre	derick		MARY							derick		
	b. (	CITY OR TOWN (III RURAL and give no	outside corporate limit	s, write	E. LENGTH OF STAY	IN 16	c. CITY OR 1	OWN (If o	viside corporate li	mits, write RUR	AL and give i	nearest taw	m)	
		Frederic	k		Life	· ·	Frede	rick						
,	d.	NAME OF HOSPITA OR INSTITUTION _	AL (If not in haspital, g	ve street	address)		d STREET A	DORESS				e, 15 RE	SIDENCE A FARMS	
7	Fre	cerick M	emorial Ho	spita	al		404	North	Bentz S	treet		YES [	NO	
	DE	ME OF CEASED pe or print)	MINNI		Middle	FOGLE	4. DATE MC OF DEATH DECEN				7,	19 <sup>7eor</sup> 58		
	5. \$EX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🔲 🗓	. DATE OF BIRTH	1	9. AC	E (In years IF	UNDERTYE			
		emale	White	WIDOW	tad .	-	July ;5,		- 11	yrs.	Agniths Day:	Hours	Min	
	10a. U	SUAL OCCUPATION	N (Give kind of work of	ane 10b.	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHPL	ACE (State o	or foreign country)		12 CITIZEN	OF WHAT	COUNTRY	
1	0	Housewi	ing life, even if retired		At Home			Hary	rland		U	USA		
1	13. FA	THER'S NAME					14 MOTHER'S	MAIDEN N	AME					
		Unknew						Unk	CRONINA					
	15, W/		R IN U.S. ARMED FOR		SOCIAL SECURITY NO		FORMANT			Address	41			
	1	Vo	No		None	Mr	John i	I. Fog	le-Same	as Item	n #2			
	18			use per li	ine far (a), (b), and (c).		-			11	NTERVAL BE	ETWEEN		
		PART 1. DEATH WAS CAUSED BY: Duling any Ruley Sin												
		1750	DUE TO		\	7								
		Conditions, if any, which) (b) theromboy's of it sayleums vein 2 hay										445		
	gove rise to immediate cause (o), stating the under-										1/			
	lying cause lost.										1/2 4			
	O O	PART IT OTH	ER SIGNIFICANT CON	OITIONS I	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE CON	DITION GIVEN	IN PART I(a)	19. WAS	AUTOPSY SRMED?	
2	3											YES [		
	CERTIFICATION	ACCIDENT WAR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature a	injury in P	ort f ar Part II af	item 18.)				
	ب ا		/ Month, Day, Yea	r 20d I	NJURY OCCURRED T	20e PLA	CE OF INITIRY II	lame form	20f (City or to	un'i	(Count	and a	(State)	
	MED	Haur a m.	19	While	Not while	foci	ary, street, office	bldg., etc.)	1	,	(Coom	71	(31018)	
		p. m.		of war		1	1-7			- ·				
		* t	at I ottended the				, 19.≥8	, lo	14,17	, 1 <u>9 52</u> ,,	hot I last	saw the	decease	
	0	live on	lec,	_, 19_5	28, and that	deoth	occurred at.							
		CTUAL R	000 r	١. ١	00		The		DDRESS (Street, c				ATE SIGNE	
4		GNATURE	and K	مر	. Jus	A	LD. Frede	rick	Shopping	Center	r 	7.4/7	8/58	
	Pt-N/	IYSICIAN'S AME (Type) DI	. R. L. Mi	chel	8		Frede	erick,	, Marylar	ıd				
	22a. B	URIAL, CREMATION	N. 22b. DATE THEREO	F	22c NAME OF CEME	TERY OR	CREMATORY		22d LOCATION (	City, town, ar c	ounly)	(Stot	le)	
	Bur	FMOVAL (Specify)	Dec. 20,	195	8 Mount Oli	vet	Cemeter		Freder			Maryl	and	
		NERAL DIRECTOR'S			ADDRESS			24a REC'D	BY REGISTRAR	24b. REGISTR	AR'S SIGNAT	URE		
	M.	R. Etchi	son & Son,	Free	derick, Mar	ylan	d	DATE DEC	2 2 '58	( '	" " The	sut .		

nesal director. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIR! DR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be retained for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, crematian, or remaval, and in any ment within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 10/57



13709

Rea. Dist. No.

e. IS RESIDENCE

Day

0

ON A FARM?

YES M NO

Year

19 50-8

b. COUNTY Frederick

Month

9. AGE (In years last, birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Adin yrs 12. CITIZEN OF WHAT COUNTRY? Sallv Mrs.Donald Repp.Baltimore.Maryland INTERVAL BETWEEN ONSET AND DEATH 7 1720 Nephrose (erosis WAS AUTOPSY PERFORMED? YES 🖂 NO P 20f. (City or town) (County) (State) 195 that I last saw the deceased A.M. from the causes and on the date stated above. and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Brunswick, Maryland Park Heights 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Brunswick, Maryland DAFC 1 2 '58

FUNERA poge 0 VS A15 (4) ISM 9/S5

P shauld

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (Specify)

Burisl

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

ADDRESS

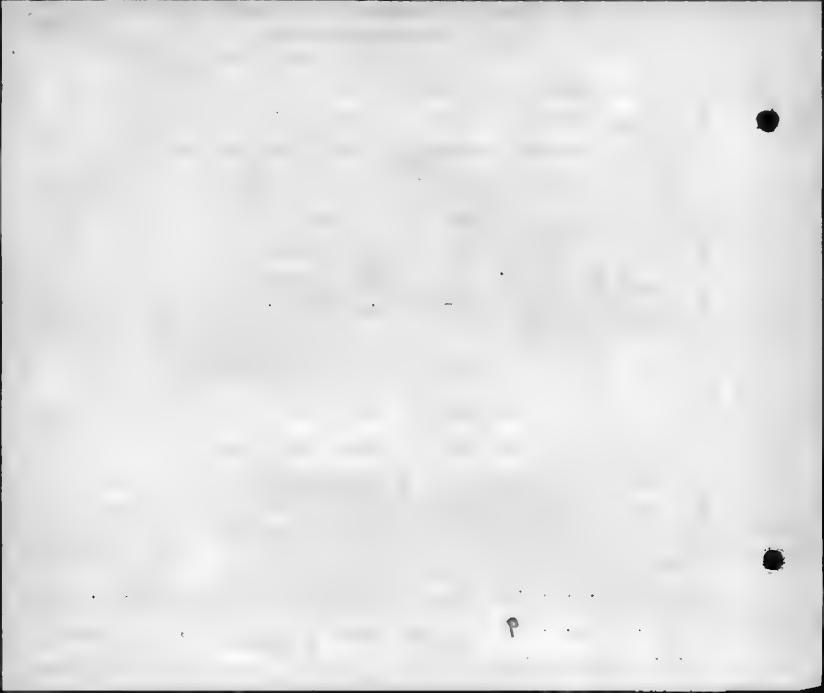


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4
may be retained by the hospital ar othending physician.
TO FUNERAL DIR. R: After this certificate has been signed by the ottending physician and completely filled in by the Keneral directors in the standard of the complete of the
page 3 should be ached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 d be filed with
the registror prior to burial, cremation, or removal, and in ony event within 72 hours offer death.

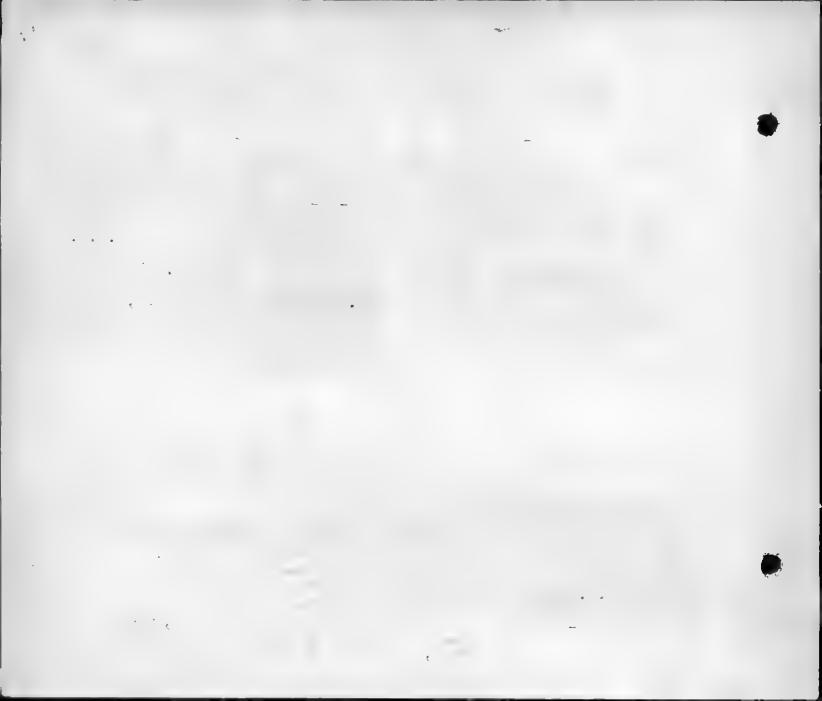
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1371	3 (	CERTIFICATE	OF	DEATH	

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- 1-				114 81 12	PI 110.
	1. PLACE OF DEATH O. COUNTY	MARYLAND	o. STATE	deceased lived. If institution: Resider	sce before admission)
ŀ	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	MAICH LA	Ide corporate limits, write RURAL and	DERICK
1	RURAL and give nearest town)		2 0 1	20-1	
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street	19 DAUS	d. STREET ADDRESS	FREDERICK MA	
1	OR INSTITUTION	1 0	<i>l</i>		e. IS RESIDENCE ON A FARM?
-	TREDLRICK MEMORIAL		Feagavill		YES NO X
	3. NAME OF DECEASED (Type or print) THAMAS	RANCIS	FUL MER	DATE Month OF DEATH DECEMBER	29 1958
Ī	5. SEX 6. COLOR OR RACE 7. MARI	RIED I NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE	TYEAR IF UNDER 24 HRS.
1	MALE WHITE WIDOW	ED DIVORCED	APRIL 1 1906	lost birthday) Months	Days Hours Min.
Ī	10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole or	foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
V	MACHINIST	Automotive Sho	MARILAN	5	ICA.
1	3. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ÁE	
4	mansitals. H.	FULMER	CORA	MILES	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	>
	<del></del>		. Catherine I.	Fulmer-Same as I	tem #2
1	18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:	MCHIOGENIC	CARCINOMA C	IF LUNGS WITH	
1	<sup>β</sup> → ∞ , « DUE TO				
1		TASTASIS TO	BONES - PELU	IS AND RIBS	4-5 MONTHS
1	gove rise to immediate COUSE TO				
	lying couse lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PAI	RT I(a) 19. WAS AUTOPSY PERFORMED?
	3				YES NO
	Part II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CONTRIBUTION	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Par	t I or Port II of item 18.)	
	3 20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20a. PL	ACE OF INJURY (Home, farm,	20f. (City or town) (	County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a. m., 19 While of wor	NoI while foo	tory, street, office bldg., etc.)		
4	21. I certify that I attended the decease		1958, talled	') () 10(-V)	
1				M, from the couses and on t	last saw the deceased
1	alive on DEC 29 , 19	LE, and that death		M, from the couses and on t	he date stated above,  DATE SIGNED
1	ACTUAL A TT 2	~ > > 0	7	DALLES (Sireer, City of John, State)	10/28/E8
	SIGNATURE	201118	M.D Land State of the state	uch Co	12/20/70
	PHYSICIAN'S Dr. A. A. Pearr	e	East Church	Street, Frederick	, Md.
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 27	d. LOCATION (City, town, or county)	(Stote)
	Emriai Jan. 2,195	Mount Olivet	Cemetery	Frederick,	Maryland
[	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D E	Y REGISTRAR 246. REGISTRAR'S SI	
	M. R. Etchison & Son, Fre	derick, maryia	DATE	2 '59 Cirthun &	Trans



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13742 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b.** COUNTY MARYLAND Frederick Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Emmitsburg. life Emmitsburg. Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 00 OR INSTITUTION R.D. #1 R.D.# YES TO NO DO NAME OF First Middle DATE Lost Year DECEASED Charles Edward Geiselman DEATH December -30 10 58 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months Male White July 24,1881 WIDOWED TX DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Frederick Co. Md. U.S.A. Labor after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Geiselman Martha Watza 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Νo Emmitsburg, 18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY KALI IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which ! gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that hattended the deceased from that I last saw the deceased ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE PHYSICIAN'S W. R. Cadle Emmitsburg, Maryland NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION [City, town, or county] (Stole) REMOVAL (Specify) Jan.3.1959 St. Anthony's Shrine Emmitsburg. R.D. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Emmitsburg, Md. Corner S. Kraus Allison



				L	
<b>DSPITAL OR ATTENDING PHYSICIAN:</b> The law requires that the death certificate be executed within 24 haurs after death. Page 4		INERAL DIRECTOR: After this certificate has been signed by the altending physician and campletely filled in by the funeral director.	a 3 shauld it stoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 in d be (Med with		1
r death.		funeral	800	-	
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nin 24 h		filled i	iges 1 a		
ted with		mpletely	sers. Pc	2	
De execu		and ca	bon par	er death	]
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quires th		igned by	permit	in any	
law rec	hysician	s been s	1-transit	val, and	
AN: The	nding p	cate ha	he burio	or remo	
'HYSICE	l ar atte	iis certifi	use as f	mation,	
DING	haspita :	After th	hed far	nial, cre	
R ATTEN	be retained by the haspital or attending physician.	RETOR:	Hartoc	registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.	
ITAL O	retaine	RAL DIR	shauld	stror pri	
250	P.	NE	63	regi	

1. PLACE OF DRATH  1. O. COUNTY  1. PLACE OF DRATH  1. D. COUNTY  1. D. COU				MARY	LAND	STATE DEPA	ARTM	ENT OF F	<b>IEALTH</b>	-BAL	TIMORE, 1	8			-
B. COUNTY Frederick  B. CITY OR TOWN II doubled experted limit, write   C. LENGTH OF STAY IN 16   C. CITY OR TOWN III doubled experted limit, write #URAL and give necres from   19 days   19 days   Frederick   C. CITY OR TOWN III doubled experted limit, write #URAL and give necres from   19 days   Trail   19 days   Frederick   C. CITY OR TOWN III doubled experted limit, write #URAL and give necres from   19 days   Trail   1				13	743	CERT	IFIC/	ATE OF I	DEATH	l		Reg. D	ist. No.	13	713
Frederick   Section of towns (decided expected limit), write   BURAL and give merets lown)   BURAL and give merets lown)   Surgicial   Section of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital (direct in hospital) give street address   John of the hospital give street address   John of the hospita		1. PLAC	E OF DEATH					2. USUAL RESI	DENCE (Whe	ere decease		on: Reside	nce befo	re admiss	ion)
RUNAL ond give incerts town!  RUNAL W. Of Middletown 19 days Frederick  d. NAME OF HOSPITAL OF THE Interpretation of the Teach of the T			. F					0. 31012	Mary	rland	B. COUNTY	F:	rede	rick	
d. STREET ADDRESS  NAME OF HOSPITAL (IF not in hospital), give tireet oddress)  Name of Street Address  Valley View Nursing Home  21 East Patrick St.  Name of Street Address  Sadie Caroline Hahn  Sadie Sa	ı	b. CI	TY OR TOWN (If IRAL and give ner	autside corporale limi arest town]	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If ou	stade corpo	prote limits, write R	URAL ond	give nec	arest fown	)
Valley View Nursing Home   211 East Patrick St.   VES   NO   St.   No   No   St.   No   No   St.	Į	Rur	al-W. of	Middletov	m	19 days		1.		lerich	ς				
3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. SIGNIMISED NEVER MARRIED (TO BERTH Dec. 2 19.58)  5. SEX  FEMALE  White  Whi	- 1	d. N.	AME OF HOSPITA R INSTITUTION	L (If not in hospital, g	jive street i	oddress)		d STREET				•	İ	e. IS RES	DENCE FARM?
S. SEX    S. COLOR OR RACE   7.566.000   B. DATE   DECK   P. AGE   In year   IFUNDER   YAR   FUNDER 24   IFS.								1			Patrick	St.		YES 🗌	NO 🚺
S. SEX  Female  White	1				of .			_	s†	OF	_				
Female White Whether Hart Discrete March 20—1878 80 yrs. Meanin Days Hours Min.  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired of work done during most of working life, even if retired.  Retired School Teacher Public Schools Maryland  12. CITIZEN OF WHAT COUNTRY?  Retired School Teacher Public Schools Maryland  13. FATHERS NAME  14. MOTHERS MADEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  NOR  18. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c)]  PART I. DEATH WAS CAUSED BY.  INWEDIATE CAUSE (o)  Internal Hemorrhage  Conditions, if any, which gove rise to immediate to the standard power line to the standard power line to the standard power line to make the public course (o). It immediate to the standard power line to the standard power line to make the public course (o). It is an immediate to the standard power line to make the public course (o). It is an immediate to the standard power line to the standard power line to make the public course (o). It is an immediate to the standard power line to the standard line on North line to work line to w	ŀ		e or print)		73/3/3/				1	DEATH					
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country)  112. CITIZEN OF WHAT COUNTRY?  113. FATHER'S MADEN NAME  114. MOTHER'S MADEN NAME  115. WAS DECRASEDEVER BY U. S. ARMED FORCES?  116. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c)]  117. FATH. D. BATH WAS CAUSE BY:  118. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c)]  119. The ART I. D. BATH WAS CAUSE BY:  110. The ART I. D. BATH WAS CAUSE BY:  111. TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (lo) 17. WAS AUTOPSY YES OR CONTRIBUTING OF COUNTRY OF WHAT COUNTRY?  119. D. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  110. THE CHIRAL MOTHER MEDICAL EAGMINER]  111. CAUSE OF DEATH [IN COUNTRY]  112. CAUSE OF DEATH [IN COUNTRY]  113. REPART OF THE PART OF THE PART OF THE PART OF THE TERMINAL DISEASE CONDITION GIVEN IN PART (lo) 17. WAS AUTOPSY YES ON DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  114. CAUSE OF DEATH [IN COUNTRY MORITH, Day, Year 20d. INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  115. MAD THE COUNTRY MORITHMEN [IN COUNTRY]  116. CHIRAL MORITHMEN [IN COUNTRY]  116. CHIRAL MORITHMEN [IN COUNTRY]  117. LEAST, CHURCH St.  118. CAUSE OF DEATH [IN COUNTRY]  119. D. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  119. D. D. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  119. D. D. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  119. D. D. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  120. THE OF INJURY MORITHMEN [IN COUNTRY]  121. CAUSE OF DEATH [IN COUNTRY]  122. D. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 of item 18.)  120. THE OF INJURY MORITHMEN [IN COUNTRY]  121. CAUSE OF DEATH [IN COUNTRY]  122. D. DESCRIBE OF INJURY (Home, form, form, form,			Female.			-				70					
Retired School Teacher Public Schools Naryland U.S.A.  13. FATHERS NAME HENTY A. Hahn  15. WAS DECRASEDER IN U.S. ARMED FORCES? [No. SOCIAL SECURITY NO. 17. INFORMANT Address MAJOR NAME AND MISS BESSIE V. Hahn—211 E. Patrick St.—Frederic! No. 18. CAUSE OF DEATH [Enter only one couse per line for (c). (b). and (c)]  18. CAUSE OF DEATH [Enter only one couse per line for (c). (b). and (c)]  PART I. DEATH WAS CAUSED BY.  19. Conditions, if any, which gove rise to immediate couse (c). Internal Hemorrhage  Conditions, if any, which gove rise to immediate couse (c). Internal Carcinoma  15. MOS  Conditions, if any, which gove rise to immediate couse (c). Internal Hemorrhage  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED?  With a Regurgitation with Hypertrophy of Heart  OR CONTRIBUTION CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]  OR CONTRIBUTION CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]  OR CONTRIBUTION CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]  While of work of two w	ŀ	10a. USI	UAL OCCUPATIO	N (Give kind of work	donel 10h	Bertal						112 6	TITCH C	S MALAT	COLINITARY
13. FATHER'S NAME  HENTY A. Hahn  15. WAS OFCEASED FYER IN U. S. ARMED FORCES?  NO. OF Windows of Management of Code of Version   None	CUE	ing most of works	ng lite, even it retired	)					zi idieigii c	oomiy,	12. 0			COUNTRY	
Henry A. Hahn  15. Was deceased ever in U. S. Armed Forces?   None	ŀ			moor Teach	len	Public Sc	nooT			AME			Uei	S.A	
15. MAS DECEASED FUER IN U. S. ABMED FORCESS   16. SOCIAL SECURITY NO.   17. INFORMANT   No.   17. INFORMANT   No.   18.   18.   19.   1	-		II a sandon A	Ho has											
NO  None  Miss Bessie V. Hahn-21l E. Patrick StFrederick  Rate of Death (Enter only one couse per line for (o). (b). and (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o).  Internal Hemorrhage  Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse lost.  (c)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I (o)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I (o)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I (o)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I (o)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I (o)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I (o)  Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition given in Part I (o)  Part II. Other Significant Conditions Contributing to Death But not related to The terminal Disease Condition given in Part I (o)  Part II. Other Significant I (o)  Part II. Other Significant Conditions Contributing to Death But not related to The terminal Disease Condition given in Part I (o)  Part II. Other Significant I (o)  INTERVAL BETWEEN ONSE AND DEATH I (o)  INTERVAL BETWEEN ONSE I INDEA OF Conditions (o)  INTERVAL BETWEE	ŀ	I5. WAS	DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO	). [17. 11			athics At		ress			
18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c)]  PART I. DEATH WAS CAUSED BY:  Internal Hemorrhage  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse lots.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((o)) 19. WAS AUTOPSY PERFORMED? YES   NO    OR CONTRIBUTING   COLOR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((o)) 19. WAS AUTOPSY PERFORMED? YES   NO    OR CONTRIBUTING   COLOR OF DEATH   COLOR O	-		or unknown) [I	f yes, give wor or dates of s		Vone	Mi	sa Ressi	• V. H	Jahn-2	בס קור	traicl	c st.		
PART I. DEATH WAS CAUSE (b). Internal Hemorrhage    153.9   DUE TO	ı		CAUSE OF DEAT	TH [Enter only one co			]	<u> </u>	O V I	1001111	-1-d- 11g   45	01 1 01	INT	ERVAL BE	TWEEN
Conditions, if any, which gove rise to immediate course (p), stoling the under-lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON CONTRIBUTING TO DEATH III.  200. ACCIDENT WAS UNDERLYING TO DEATH III.  200. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO ED ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES TO	1							rrhage					ONS	ET AND	DEATH
gove rise to immediate couse (a), stoling the under. (b)    Ving couse lost. (c)   Part II. Other Significant Conditions Contributing to Death But not related to the terminal Disease Condition Given in Part I(a)   19. Was autopsy Performed?    Mitral Regurgitation with Hypertrophy of Heart   Performed?    1	1									-			P 1 C Ma.	1.4	
gove rise to immediate coulder. Due to lying couse lost.    Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(o)   19. Was autopsy performed?	4				, 3	ntestina	l C	arcinon	1 <b>a</b>				1	.5 m	08
In the content of the part   10   19   19   19   19   19   19   19				mediole (	-										
Mitral Regurgitation with Hypertrophy of Heart    PERFORMED?   PERFORMED.   PERFORMED?   PERFORMED.   PERFORM	ı	lyi	ng couse lost.	) (c	)										
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two w		<u>و</u>	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS A	AUTOPSY RMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two w		₫													
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of twork of two twork of two		OR (IF E	. ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enler nature o	of injury in Po	ort I or Por	t II of item 18.)				
21. I certify that I attended the deceased from June	Į		TIME OF INJURY		or 20d. IN	IJURY OCCURRED	20e, PL/	ACE OF INJURY (	Home, farm,	20f. (City	or town]		(County)		(Stote)
21. I certify that I attended the deceased from June	ļ			19		Nat while	loc	dory, street, office	e bidg , eic.)						
alive on Nort. 12 , 1258 , and that death accurred at 2:00A M, from the causes and on the date stated above  ADDRESS (Street, city or town, stein)  DATE SIGNED  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  DT. J.M. Baxter  Frederick-Maryland  220. BURIAL CREMATION 1 220. DATE THEREOF  120. BURIAL CREMATION 1 220. DATE THEREOF  120. BURIAL CREMATION 1 220. DATE THEREOF  120. SURIAL CREMATION 1 220. DATE THEREOF	1		<del></del>	at I ottended the	decens	ed from Jun	A	10 33	to No	)3r . 7	2 1058	that I	loct co	46-0	decens."
ACTUAL SIGNATURE  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  DT. J.M. Baxter  PARTICIPAL CREMATION 226, DATE THEREOF  120, BURIAL CREMATION 1226, DATE THEREOF  121, NAME OF CEMETERY OR CREMATORY  121, IOCATION (City Iown or County)  121, IOCATION (City Iown or County)  122, NAME OF CEMETERY OR CREMATORY  123, IOCATION (City Iown or County)  124, IOCATION (City Iown or County)  125, DATE THEREOF	1							-							
PHYSICIAN'S NAME (Type) Dr. J.M. Baxter Frederick-Maryland  220. BURIAL CREMATION, 226. DATE THEREOF 122. NAME OF CEMETERY OR CREMATORY 1234 LOCATION (City Joyne or County) (State)	ı			/_		2 1		occorred at	و براز لباندا و ب.د. A	DORESS (5)	Ireel, city or lown,	steře)	ille uu		
NAME (Type) Dr. J. M. Baxter Frederick-Maryland  220. BURIAL CREMATION 1225. DATE THEREOF 122C. NAME OF CEMETERY OR CREMATORY 1224 LOCATION (City Joyne of County)	ı	ACT SIGI	TUAL NATURE	77-7	7 2	taxle;	1-	M.D	4	East	Church S	t.			
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown or county) (State)		PHY	rsician's ME (Type) [	J.M. B	xter				Fr	rederi	ick-Maryl	and			
DEMOVAL (Specify)		22o. BUI	RIAL, CREMATION	226. DATE THEREC	)F	22c. NAME OF CEM	ETERY O	R CREMATORY						(Stote	:)
Burial 12-4-1958 Mt. Olivet Cemetery Frederick-Maryland	į	Bur	fal		58	Mt. Oliv	et C	emeterv		Free	lerick-Ma	ryla	nd		
23. FUNERAL DIRECTOR'S SIGNATURE W. ADDRESS  DOLL OF THE PROPERTY OF THE PROPE		23. FUN	ERAL DIRECTOR'S	SIGNATURE W	.10	ADDRESS				BY REGIST	RAR 24b. REGIS			RE	



VS A15 (4) 15M 10/57

MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH—BALTIMORE,	18

13714

		364	4 CERT	IFICA	IE OF I	DEATH	1		Reg. Dist	l. No.	
I. PLACE OF DEATH	ederick		MAR	YLAND	a. STATE		ere deceased	lived. If instituti b. COUNTY		deri	
b. CITY OR TOWN ( RURAL and give n Braddock He	If outside corporate limi earest fown) Eights	ts, write	c. LENGTH OF STAY  2 Month		W.			ote limits, write Rural-R.F	44	ve negresi	lawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g				d. STREET		7 Spri	ngs		(	S RESIDENCE ON A FARAIZ ES NO A
3 NAME OF DECEASED (Type or print)	DAISY		Middle MAY		to	tost 4. DATE OF HARLEY DEATH DE			nth nb <b>er</b>	0ay 19,	Yeor 19 58
5. SEX Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	DATE OF BIRT	TE OF BIRTH Vember 17. 1871  9 AGE (In year lost birthdoy) yr					UNDER 24 HRS aurs Min.	
100 USUAL OCCUPATION	king life, even it refired		KIND OF BUSINESS O				or foreign co		12. CITI	ZEN OF W	VHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S						
	George S.	Stone				Lucir	nda Ca	nnon			
15. WAS DECEASED EVE (Yes. no or unknown) NO		CES? 16.			Ray V	. Gard	iner–S	ame as I	tem #2	2	
PART I DEA  Conditions, if o gave rise ta i couse (a), stoting	mmediate (	)	Sim	ility	comp	inst.	ton			ONSET	AL BETWEEN AND DEATH.
200 ACCIDENT W	(c)  HER SIGNIFICANT CON  AS UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)	OITIONS C	CONTRIBUTING TO DE						VEN IN PART	P	NAS AUTOPSY PERFORMED?
!	Y Month, Day, Yes	While	NJURY OCCURRED  Not while k or wark	20e. PLAC factor	E OF INJURY ( ry, street, office	Hame, form, e bldg., etc.	20f. (City	or town)	(Cc	ounty)	(Stote)
alive an  ACTUAL SIGNATURE	at I attended the second of th	- 123 Kr	S, and that		East	Second	M, fram		and on the	st saw e date :	the deceased stated above DATE SIGNED /21/1958
270. BURIAL CREMAT C BURIAL (Specify)	Dec.22,1		22c. NAME OF CEM Brook Hil					ION (City, town, orcderick			(Stote) Maryland
23. FUNERAL DIRECTOR  M. R. Etc	s signature chison & So	n, Fr	ADDRESS rederick, A	/aryla	nd	240. REC'D	BY REGISTR		STRAR'S SIGN		





death.



# uneral director.

M

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

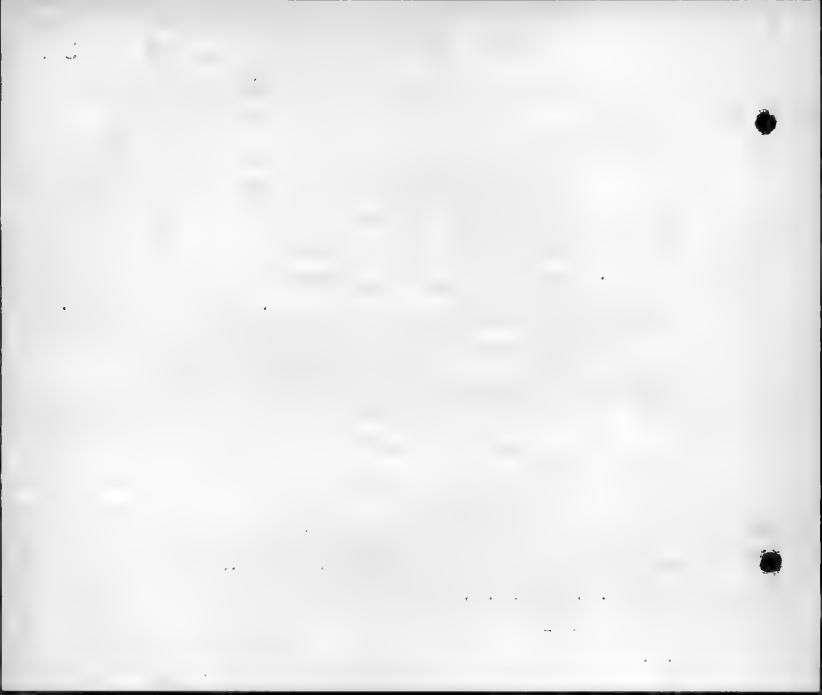
13717

**CERTIFICATE OF DEATH** 12716

10111	0		Keg. I	Dist. No.
1. PLACE OF DEATH  o. COUNTY  Frederick	MARYLAND	2. USUAL RESIDENCE (WM o. STATE Marvle	ere deceased lived. If institution: Resid	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and	
RURAL and give nearest town) Frederick	Months	Mount		give nearest territ
d NAME OF HOSPITAL (If not in hospital, give street	orldraur)	d STREET ADDRESS	илту	e is residence
Frederick Memorial Hospi	ital			ON A FARM? YES NO KY
3 NAME OF DECEASED (Type or print) WILLIAM	Middle DOWNEY	HOPKINS	4. DATE Month OF DEATH December	r 26, 1958
S. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	lost hirthdox) Al. a	ER TYEAR IF UNDER 24 HRS
Male White widowi		27 April 187	2   86 yrs	Doys Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Doctor of Dental Surger		Maryland		ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Howard H. Hopkins		Margaret Do	owney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No	None M:	iss Margaret I	. Hopkins, New Ma	rket, Md.
Conditions, if ony, which gove rise to immediate couse (a), sloting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Interio DEATH BUT  CRIBE HOW INJURY, OCCURRE	tes		Year  ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d, It	Not while of work	ACE OF INJURY (Hame, form, tory, street, office bldg., etc.)	20f {City ar town}	(County) (Slote)
21. I certify, that I attended the decease alive on Dec. 26 , 19. ACTUAL SIGNATURE		accurred at 9:35 F	M, from the causes and an ADDRESS (Street, city or lown, state) th Stee	l last saw the deceased the date stated above DATE SIGNED 27 Dec 1958
PHYSICIAN'S A. A. Pearre, M.		Frederick,		
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12-29-58	Central Ceme		22d. LOCATION (City, fown, or county,	,
Burial 12-29-50 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Frederick County   BY REGISTRAR'S S	
M. R. Etchison & Son, Fr		land	EC 3 G 58 Zao. REGISTRARS	J. Maun

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 mmy be relained by the haspital or attending physician.

TO FUNERAL DIRFORDR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld the stacked far use as the burial-transit permit. Then please remove carban-papers. Bages 1 and 2 the registror prior to burial, cremation, or removal, and in any event within 72 hours affer death. TO HOSPITAL OR VS A1S (4) 1SM 10/S7



13745

24b REGISTRAR'S SIGNATURE

arthur & Kroup

24g, REC'D BY REGISTRAR

11

PHYSICIAN: The law remuires that the death contificate by mxecuted within 24 hours after death. Tage

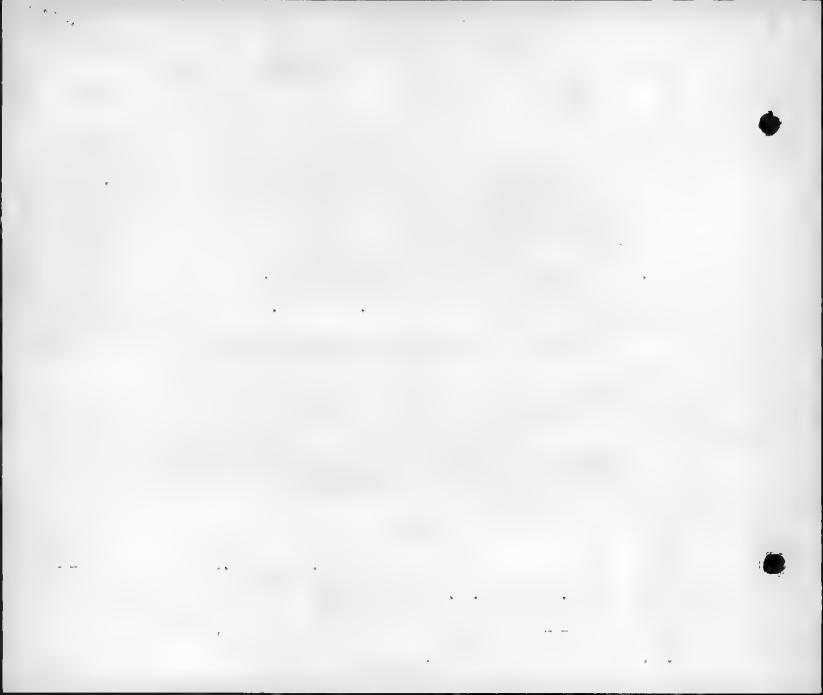
the registrar prior

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)								
Ľ		derick	MARYLAND	0	Virgini	.a.	b. COUNTY Ora	inge				
	b. CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16		CITY OR TOWN (If ou	utside corporate li	imits, write RURAL and	give near	est town)			
_ 1	rederick-	Rural RD#6	2 Months		Culpepper-Rural RD#4							
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give stree	et address)		d. STREET ADDRESS	e.	IS RESIDENCE ON A FARM?					
	Quynn Orc	hard Road			Near Orange				YES NO			
3.	NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	Day	Year			
	(Type or print)	ALICE	LLOYD		JOHNSON	DEATH	December	6.	19 58			
S. 5	SEX	6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DA	TE OF BIRTH	9. AC			F UNDER 24 HRS			
	Female	White wood	WED DIVORCED	3	July 1874	101	Birthdoy) Months	Days	Hours Min			
10a	USUAL OCCUPATION	ON (Give kind of work done 10 king life, even if retired)	b. KIND OF BUSINESS OR INDU	JSTRY	11. BIRTHPLACE (Slote of	or foreign country	) 12 CI	TIZEN OF	WHAT COUNTRY?			
	House-		Own Home		Virginia			USA				
13.	FATHER'S NAME			14.	MOTHER'S MAIDEN N	AME						
	St. Cla	ire Lloyd			Arbelia V	. Remici	le					
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address												
(Yes	None Mrs. Arbelia J. McDonough (Same as item #1)											
		TH [Enter only one couse per			111 DOZZG 0 0	14020110	agii (baile c		VAL BETWEEN			
		TH WAS CAUSED BY:	O		Vial un	12 -			T AND DEATH			
		IMMEDIATE CAUSE (o)	Marca myoci		cas und	acho			ndden			
	420.1	DUE TO			·							
	Canditions, if a											
	couse (a), stoting											
_	lying couse lost.	) (c)										
ğ	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	TONT	RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN IN PAI	RT 1(o) 19.	WAS AUTOPSY PERFORMED?			
CAI									YES NO XX			
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING [] 20b. DI	ESCRIBE HOW INJURY OCCURRE	ED. (En	ler nature of injury in P	art I or Pari II of	item 1B }					
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
2	20c. TIME OF INJUR		1 4.	LACE C	F INJURY (Home, farm, street, office bldg., etc.)	20f (City or to	iwh) (	(County)	(Stote)			
MEDICAL	Hour o.m.	19 of w	le Not while To	ocioiy,	siteer, utilice blog., etc.)							
	21 Leastifu th	at I attended the dece	read from 12-0/		, 19.58, to 1	2 /	10 (-84-4)	Inst.	. 4 - 4 1			
	alive on		, and that death		1:204		17,6_40,1801 I	IOST SOV	w the deceased			
	dive on		z-z-, ana mai deam	посс			e causes and an t city or lown, state)	the date	stated obave.  DATE SIGNED			
	ACTUAL	Kee V m	Vertra		35 E. Chur		thy of lown, stoley		12-6-58			
	SIGNATURE	77 1-11		M.D.	3) 26 Olluc	CII DOUS			12-0-)0			
	PHYSICIAN'S NAME (Type)	Rex R. Martin,	M. D.		Frederick,	Maryla	nd					
22o	BURIAL CREMAT O	N, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CRE	MATORY	22d. LOCATION	(City, town, or county)		(Stole)			
1	REMOVAL (Specify)	12-6-58	Zaor Church	Cem		_	Virginia		4			

VS A15 (4) 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 13746 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Creagerstown e. 15 RESIDENCE YES 🔲 NO 🛱 Month 1958 Dic. 9. AGE (In years last-highlay) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Mary F. Sheid Address Miss Addie Baltzell Thurmont, Md. INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18 ) 20f. (City or town) (County) (State) Dec. 20, 19 8 that I lost sow the deceased and that death occurred at 12:00A.M. from the couses and on the date stated above. ADDRESS (Street, city or town, state) 22d LOCATION (City, lawn, or county) (State) Creagerstown. Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmont, Md. DATE C 2 9 158



TO FUNERAL Dis

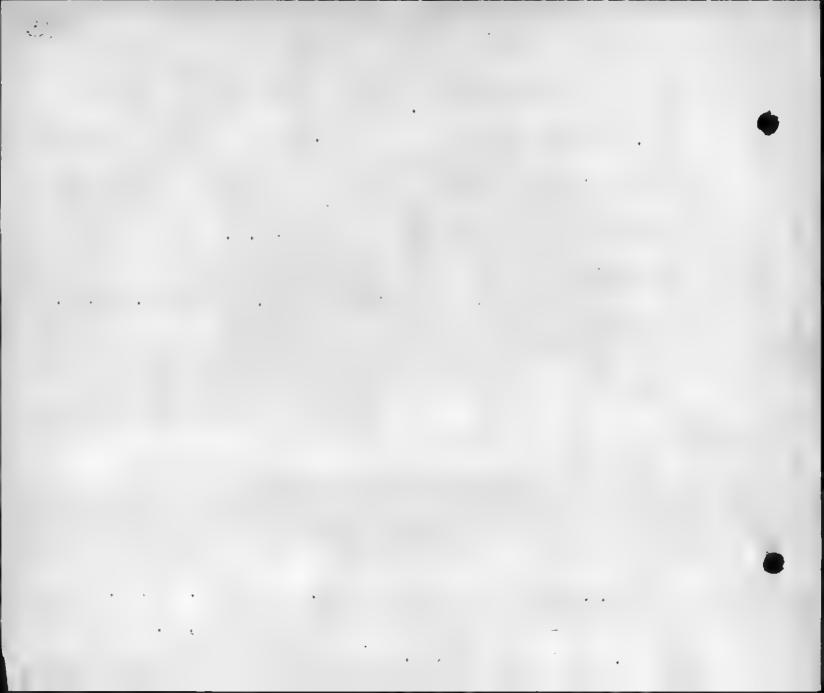
VS A1S (4) 1SM 9/55

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Reg. Dist. No.

13721

_													
1.	PLACE OF DEATH a. COUNTY F1	rederick		MARYLAND	II ^	UAL RESIDI STATE		land	lived. If institu b. COUNT	٧	nce before		ion)
	b. CITY OR TOWN (IF RURAL and give ned Frederic)	rest town)	s, write	c. LENGTH OF STAY IN 16	11	city or to		utside corpor	ate limits, write	RURAL ond	give near	rest lawi	)
	d. NAME OF HOSPITA OR INSTITUTION 183 W. A.L.	L (If not in hospitol, g L Saints St	reet.	address)	/i	STREET AD	All	Saints	Street		•	ON A	IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Nichola:		Middle Edward I	eaki	ns .	5',	4. DATE OF DEATH	12 **	onth	Day 5		Year 19 58
	sex Male	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCED DI		y 8–1	384		9. AGE (In year 79st birthdoy) 74 yr	Months .	Days	Hours	R 24 HRS. Min.
10	a. USUAL OCCUPATIO			KIND OF BUSINESS OR INC tone Mason				or foreign co	untry)		TIŽEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME				14. /	MOTHER'S	AAIDEN N	IAME		***			
	Leven Leal	kins				Barb	ara A	nne Ga	asaway				
	WAS DECEASED EVER	IN U. S. ARMED FOR t yes, give war or dates of s	rvice)		inform	Wars	183	W. Al	l Saints	dress 3 St.	Fred	. Mc	l.
	PART I. DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (o  DUE TO  y, which ) (b	Ch	for (0), fb), and (c).]	Ens	. e o	· Ores	ler Le	lenn				TWEEN DEATH
CERTIFICATION			DITIONS C	ONTRIBUTING TO DEATH B	UT NOT R	ELATED TO	THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAI	RT 1(o) 19	PERFC	AUTOPSY PRMED?
	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCUR	RED. (Enle	er nature of	injury in I	Port I or Port	If of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yes	While of wark	Not while	PLACE OF factory, st	INJURY fH reet, affice	ome, farm bldg., etc.	20f. (City	or town)	(	(County)		(State)
	ACTUAL SIGNATURE	of I attended the	decease _, 19 \$	ed from 6 - 2		3	643 1	M, from ADDRESS (SI	reet, city or town	and an i	the dat ک	e stati	
22	o. BURIAL, CREMATION REMOVAL (Specify) BUTIAL		F	22c. NAME OF CEMETERY Fairview	OR CREA			22d LOCAT	ION (City, town	, or county)		(Stat	e)
-	FUNERAL DIRECTOR'S			ADDRESS			24a, REC'		RAR 24b. REC		GNATUR	E	
	Thanke E.		Fre	derick. Md.					,				



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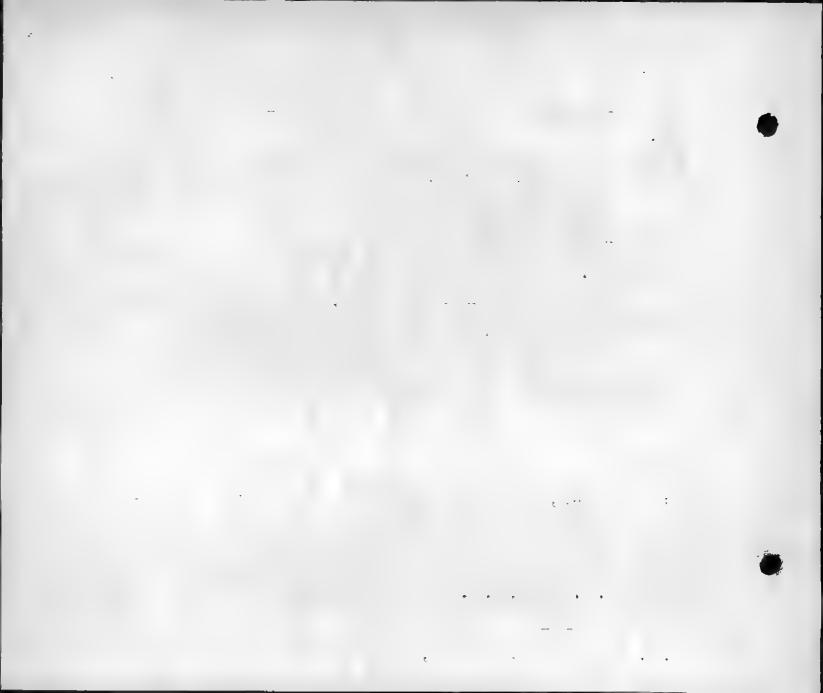
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13722

ļ	703	76					O WILLI				Reg.	Dist, No		
1,	PLACE OF BEATH	rick			M	ARYLAND	3	esidence (wi Maryla		ed lived. If institution b. COUNT	ution: Resk			ission)
'	Frederick-	,		c. l	ength of s Year		11	r town (if a derick-		PD#2	RURAL Q	nd give n	acrest lo	wn)
ľ	Araby		**	in hospital,		-		ADDRESS	1002 002	a analy wa			ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	NΛ	First		Middl GRACE		ENHART	nt f	4. DATE OF DEATH	Mont		Day	١	eor .
<u> </u>	SEX	6. COLOR OR RA									embe			958
	Female	White	- 1	OWED [	DIVOR		2 Oct 3	L909		9. AGE (In years lost b rinday) 49 yrs.	Months	Days	Hours	ER 24 HRS. Min.
100	usual Occupation furing most of working House-	life, even if retin	ork done 1 ed)	06. KIND	OF BUSINESS	OR INDUS		Aryland		ountry]		TIZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME						-,1	S MAIDEN NA						
	William	C. Rice						Rebecca		מבות				
15. (Yes	WAS DECEASED EVE		FORCES?		AL SECURITY		NFORMANT FIS C. I		-	Address me as it		. \		
=				1			179 0. 1	Jemmer 6	(50	ene as It	CILL W.			
	18. CAUSE OF DEATH	WAS CAUSED B	Yı Sie				ishot Wo	nund of	T.o.ft	Lamo		ONSE	VAL BETW	KTH.
	976x	MMEDIATE CAUSE DUE	- 1-7	فيه خرجت	III.LLC O	ed du	100 110	Juliu OI	. Dell	Duite		11	ısta	10
	Conditions, if on		(b)											
	gove rise to immedi (o), stating the u							-						
	cause lost.	)	(c)											
ATION	PART II. OTHE	R SIGNIFICANT C	ONDITION	VS <u>CONTRI</u>	BUTING TO D	EATH BUT I	NOT RELATED TO	O THE TERMIN	ALDISEASE	CONDITION GIV	EN IN PA		PERFO	AUTOPSY RMED?
CERTIFICATION	200. EXTERNAL CAUS PRIMARY TO SON CAUSE OF DEATH.	E WAS TRIBUTING	20b. DES	CRIBE HOV	V INJURY O	CURRED. (I	inler noture of i	injury in Port I	or Part II	of item 18.)				
ICAL	20c. TIME OF INJURY	Month, Day,	Year 2	20d. INJUR	Y OCCURRED		CE OF INJURY	(Home, form,	20f. (City	or tawn)	(Ce	ounty)		(Stote)
	8:30 \$5	12-11,		While of work	Nat while	foct	ory, street, offic	is bldg, etc.)	Arab	y-Freder	ick-	aryl	.and	
	21. I certify the	at I took chai	rge of th	he remo	ins descri	bed abo	ve, held ar	n Autopsy	, In	spection X	Inqui	ry X	and	find that
	death resulted	from: Natur	al cause	es 🔲,	Accident	, Svi	cide 🗶 , I	Homicide	☐, Ur	ndetermined o		].		
	ACTUAL SIGNATURE	BONZ	200	na	4		_M.D. CHIEF	MEDICAL EXA	MINER [				DATE S	IGNED
	EXAMINER'S TO						ASSIST	ANT MEDICAL	LEXAMINE	R 🔲				
	NAME (Type)	• O• Tho						Y MEDICAL EX	700			Dec	195	8
220	BURIAL CREMATION PEMOVAL (Specify)	12-14-	-40		NAME OF CE. <b>Cheran</b>		CREMATORY	1		etown, M		ınd	(Stot	0)
23.	FUNERAL DIRECTOR'S				ADDRESS			24a, REC'D	BY REGISTI	RAR 24b, REGI	STRAR'S SI		E	
	M. R. Etc	hison &	Son,	Frede	erick,	Maryl	and	DATEDEC	16'5	8 C	Thur S.	0 4	_	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded? Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. forwarded ' TO FUNERAL. or removal. VS. A15ME(5) 5M 9/55

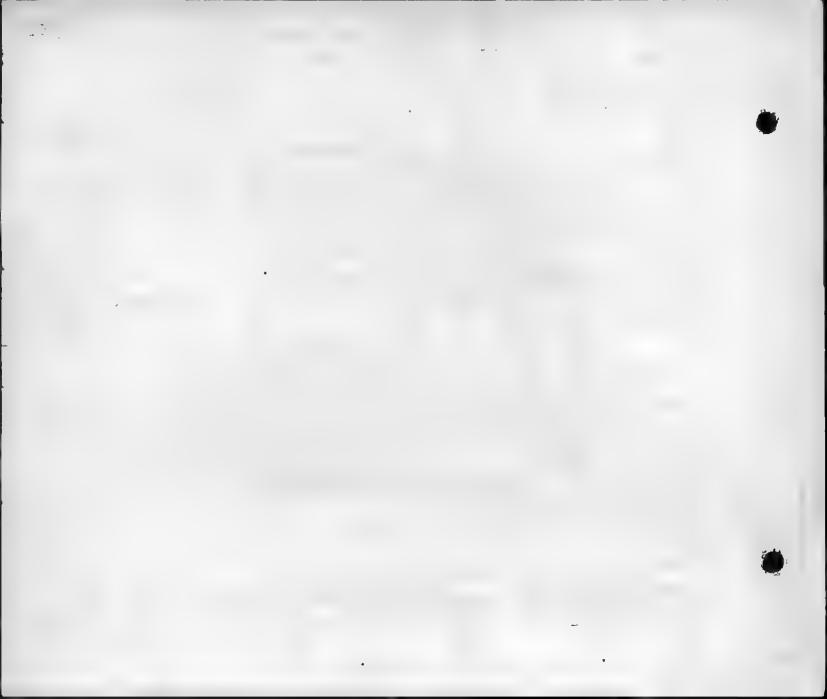


### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13748

**CERTIFICATE OF DEATH** 

13723

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND					2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Predexick									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)										
Emmiosourg	- rural			yrs.	X	X Emmitsburg RD 2								
d NAME OF HOSPITAL OR INSTITUTION	L (If not in hospitol, gi	ve street	oddress)		1	d. STREET AC	ORESS						ON A	FARM?
3. NAME OF DECEASED (Type or print)	ROSA		NELL	Middle LILLEF	R	Lost		4. DATE OF DEATH	I	Mont	5,	Do	1	9 58
5. SEX	6. COLOR OR RACE	7. MARR	HED NEV	R MARRIED	8. D/	TE OF BIRTH			9. AGE (	in years rthday)	IF UNDER	YEAR Doys	Hours.	R 24 HRS Min.
Female	White	WIDOWI	ED 🔯	DIVORCED	00	et. 13	3, 18	888	70	yrs.	Womins	Doys	ridurs.	win.
10a. USUAL OCCUPATION during most of worker	I (Give kind of work d ig life, even if retired)	one 10b			STRY	11. BIRTHPLA	CE (Stote	or foreign co	ountry)		1	_		COUNTRY?
Housewif	ė		Own	Home		West	Vi:	rghni	.a		1	U.S	.A.	
13. FATHER'S NAME					14	MOTHER'S	MAIDEN N	1AME					2	
W. Henr	y Baldwi	1				Sar	ah a	A. I	vere	ett				
15 WAS DECEASED EVER	IN U. S. ARMED FORCE	nuest .		URITY NO. 17	INFOR	MANT				Addr	ess	RD	2 .	J.
No			None		01:	ifton	Lil:	ler	Ein	mits	purg	, 1	lary	land
PART I. DEATI  Conditions, if any	H WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO Y. which )	Tox		l'éonge	eti ar	ve Bri	neh	forme	eum	-/	encr	ONS	eral Bet ET AND Cay	DEATH
couse (a), stating the			arte	riod.	ele	WIL	Â			100	wer	17	lear	4
PART II. OTHE	r SIGNIFICANT CONC	TIONS	ONTRIBUTION	lus pla	I NOT	RELATED TO	THE TERMI	NAL DISEASI	E CONDI	ION GIV	EN IN PART	1(4)	9, WAS A PERFOR YES	
OR CONTRIBUTING E	UNDERLYING  CAUSE OF DEATH (EDICAL EXAMINER)	206. DES	CRISE HOW	INJURY OCCURRE	D. (En	iter noture of	injury in f	Port 1 or Port	t II of iter	n (8.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	r 20d. II While of wor	NJURY OCCE Not with all world	iiie fo	ACE (	OF INJURY (H street, office	ome, farm bldg , etc	, 20f. (Cily )	or town)		(C	ounty)		(State)
21. I certify the alive on	V.R. Cadl	195 Da	( )	Hut that death	, M.D.	ourred at	1145 1145	M, from	n the c	ouses a	that I I and on the states		te state	
220. BURIAL, CREMATION BREMOVAL (Specify)	12-7-58	F	22c NAMI Mt.	of CEMETERY C			у	22d. 10CA	rion (cir	Rid	r county)	M	(Stote	,
23 FUNERAL DIRECTOR'S		\_ E	Acore				240. REC'I	D BY REGIST	158 2		TRAR'S SIG	NATUE	RE	



VS A1S (4) 1SM 10/57

		_		
THE STAIR IN THE TOW REQUIRES FIND THE GEGIN CEPTIFICATE DE EXECUTED WITHIN 24 NOURS OFFEE DEGIN. Page 4		this certificate has been signed by the attending physician and completely filled in by the fine tale director.	or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to 15 be filed with	
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orrer		Ä	ų,	•
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2011		physic	move	remotion, or remaval, and in any event within 72 hours-offer death.
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13749

**CERTIFICATE OF DEATH** 

13724 Rea, Dist. No.

										-			
1. PLACE OF DEATH COUNTY Frederick MARYLAND					2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a STATE Maryland b. COUNTY Frederick								
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
Lander Months					// Frederick								
d NAME OF HOSPIT OR INSTITUTION	d NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION					ADDRESS					e. IS RESIDENCE ON A FARM?		
Glenmerrie Nursing Home					11 West Third Street YES NO								
3 NAME OF DECEASED	DECEASED				Last 4. DATE Manth					1	Day	Year	
(Type or print)	MARGARET E.				MASI	ER	December 21					1958	
S. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	]   8. C	ATE OF BIRT	Н		9. AGE (In y				NDER 24 HRS	
Female	White	WIDOWI	444		?			75?	yrs	MONTHS DO	зуз Нац	IFS Min	
10a USUAL OCCUPATION during most of work	ON (Give kind of work a ling life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPI	LACE (State of	ar fareign c	ountry)		12 CITIZE	TIZEN OF WHAT COUNTRY?		
Domestic			At Home		1	Test V	irgin	ia			USA		
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME						
	Eugene Wel	ls			, L	Sarah	E. We	lls					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	ervice)	1		RMANT				Addre	33			
No	No	N	one ]	Fami	Lly Rec	cords							
		use per li	ne far (a), (b), and (c).	-	1/11	1	Ł		1		INTERVAL	BETWEEN	
PART I. DEATH WAS CAUSED BY: DUMBY: COMMON COUNTY COMMON COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY										MUL			
420.1	<b>WATER</b>	- /	/ -		1.		1						
Conditions, if any, which ) to a Comma Urlant													
	gave rise to immediate cause (a), stating the under-												
lying cause last.		)											
PART II. OTH	ER SIGNIFICANT CON	DITIONST	ONTRIBUTING TO DEATH 8	UT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVE	N IN PART I	(a) 19. W/	AS AUTOPSY RECRAFO?	
3	eme	CX.	emenus	-							YES	NO P	
O LIL FILHER HOLLEA	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRISE HOW INJURY OCCUR	RED. (E	nter nature a	if injury in P	ari I ar Par	t II of item 18	i.)				
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	While	NJURY OCCURRED 20e Nat white k of wark		OF INJURY ! , street, affice			or tawn)		(Cou	inty)	(State)	
21. I certify th	at I attended the	decease	ed from Selft	- 5	1957	7 to	le.	2/ 10	30	that Lie	t sow th	he deceased	
alive an Act	20120	195	and that dea	ith ac			M. from	n the cous	es an	d on the	deta et	ated shave	
	701 1	ne	1				ADDRESS (S	lreet, city or t	awn, st	ate)	ddie si	DATE SIGNED	
ACTUAL SIGNATURE	Ernard (	1/1	Unico 6	_ M D	Pro			Buildi			1:	2/23/58	
												~~~~J-Z	
PHYSICIAN'S D:	r. Bernard	0. T	homas	1	Fre	deric	k, Ma	ryland					
220 BURIAL, CREMATION	N, 226. DATE THEREO	F	22c NAME OF CEMETERY	OR CE	EMATORY		22d LOCA	FION (City to	wn, ar	county)	(S	itote)	
REMOVAL ISpecify	Dec . 27,19	758	Greenwood Ca	emet	erv			eeling		- Total		irginia	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGIST		REGIST	RAR'S SIGN			
M. R. Etc	chison & So	n, F	rederick, Mar	yla	nd	DATE DE	C 2 9 '5	8	أبارب	2 mo 8 4	Trave		
										9474	T - T - T - T - T - T - T - T - T - T -		

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Page #

■■YSIBLEN: The tom requires that the death certificate be executed within 24 houm after death

QR: After this certificate has been signed by the altending physician and campletely filled in by stached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 to burial, crematian, ar removal, and in any event within 72 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13795

	13	(5 <u>0</u>	CER	HIFIC	AIE OF L	PLATE	1		Reg. D		201	400		
1. PLACE OF DEATH O. COUNTY Frederick MARYLAND					o. STATE Maryland b. COUNTY Frederick									
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  Knoxville-Rural- R.D.#1  7 Years					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X  Knoxville-Rural-R.F.D.#1									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ROSEMOND					, d. STREET A					SIDENCE FARM?				
3 NAME OF {Type or print}					Lost 4. DATE OF DEATH				empe:	r 25	29, Yeor 51			
5. SEX Female	6. COLOR OR RACE	7. MARI WIDOWI	_	ARRIED	B. DATE OF BIRTI	- 0-	L.	AGE (In years jost-birthday) O / yrs	Months	Days Days	Hours	ER 24 HRS Min		
USUAL OCCUPATION during most of works	N (Give kind of working life, even if refired icand Sear			S OR INDU	1	ACE (Slote Kentu	_	intry)	12. CI	USA	TAHW	COUNTR		
13. FATHER'S NAME James H														
IS. WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wer or dolen of s	CES? 16.	SOCIAL SECURITY 14-01-732		. Lee W.	McGa	ha-Sam	Add e as Ite						
PART I DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	,	for (a), (b), and	(c).]	on	In						DEATH		
Canditians, if on			Hnx	LARES	L C-	V-	R d	yaco-	6		;			
gave rise to im cause (a), sloting to lying cause last.	he under-	}	0.	7										
PART II. OTH	ER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 19	WAS PERFC YES	AUTOPSY PRIMED?		
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR					·						
ZOC. TIME OF INJURY Hour o, m. p. m.	Manth, Day, Ye	While of wor	NJURY OCCURRED  Not while  of work	20e PL	ACE OF INJURY (I ctory, street, affice	Home, farm bldg., etc.	20f. (City o	or fown)	(	County)		(Slale)		
21. I certify the	at I attended the	deceas		12 - 2	-9-, 19 K	8:30A		the couses out town,	ond on t		e state			
ACTUAL INDIVATURE	Cox	M	MM		******		ille R		****		12/	31/58		
TANALE (1) PO		ruit				wick,	Maryl							
BULLIA (Specify)	Jan.2,195				et Cemete	ry		on (City, lawn, ederick)	, "		ryľa	ind		
23. FUNERAL DIRECTOR'S M. R. Etch		ı, Fr	ADDRESS ederick,	Maryl	and.	24a. REC'E	BY REGISTRA		STRAR'S SI	GNIHTUR	a			

TO FUNERAL DIRY the registrar prio TO HOSPITAL OR VS A15 (4) 15M 10/57



DATE JAN

Certhany . Homes

ofter death.

V5 A1S (4) 15M 9/55







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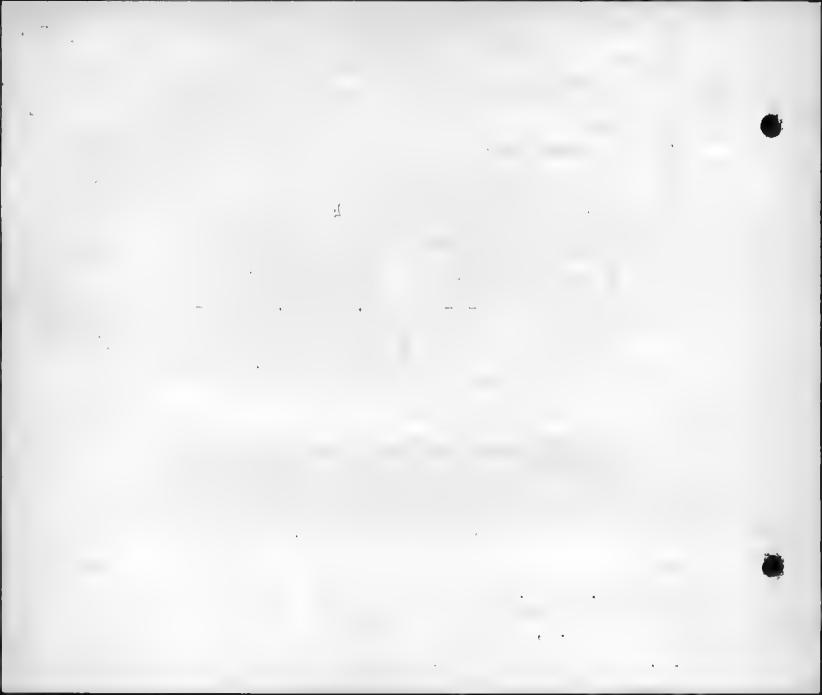
### CENTIFICATE OF BEATH

Red	Dist	ı

	1.	3719	CERTIFI	CAIE	OF	EAIF	1		Reg. [	Dist. No.		
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAN	- !! - e	JSUAL RESID		land	d lived If institut b. COUNTY	_		re odmission)	
b City OR TOWN (IF RURAL and give no Frederick	outside corporate fimil prest fown)		ength of stay in	1ь (	CITY OR T		outside corpo	prote limits, write	RURAL one	give nea	rest fown)	
d. NAME OF HOSPITA	Memorial H	ive street addre	195)	1	d. STREET AI	DDRESS	il Ava				e. IS RESIDEN ON A FAR YES NO	RM2
NAME OF DECEASED (Type or print)	Fire CHAR		Middle WILL,T	AM.	MORR]	ESON	4. DATE OF DEATH	Dece	mber	Do-	y Yeor	58
. sex Male	6. COLOR OF RACE		NEVER MARRIED	B. DA	TE OF BIRTH			9. AGE (In years lost b rthdoy) 32 yrs		R 1 YEAR	IF UNDER 24	
O USUAL OCCUPATION during most of work Drafts		Fort	of Business or in Detrick	NDUSTRY	11. BIRTHPL	CE (Stole	ar foreign o	ountry)	12. C	ITIZEN O	F WHAT CO	
3. FATHER'S NAME Ch	arles Walt	er Morr	ridon	14	MOTHER'S		McDor	nald				
S WAS DECFASED EVER	IN U. S ARMED FOR	rvice)	AL SECURITY NO 1	7 INFOR	MANT				dress ne as	Iter	n #2	
Conditions, if on gove rise to in couse (a), stoling if lying couse lost.  PART II OTH  T.  20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	mediate   DUE TO (c)	ma Ditions continued to the continued to	HOW INJURY OCCU	JRRED, (En	nile ter noture of	traff for	Port I or Par	t It of item 18.]	VEN IN PA	3	9. WAS AUTO PERFORME	T
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of work	Not while of work	factory,	of INJURY (It street, office	blog., etc.	1	· · · · · · · · · · · · · · · · · · ·	12 AL - A I	(County)	w the dec	(State)
actual SIGNATURE	lenny	1258		ath occ	East	2:15 Chur	P.M. from ADDRESS (S ch Sti	n the causes freet, city or town, reet,	and on	the dat	le stated o	abav signi
PHYSICIAN'S NAME (Type)  220 BURIAL, CREMATION	r. Henry V		NAME OF CEMETER	Y OR CRE		erick	Mary	yland TION (City, town,	or county		(State)	
Burial (Specify)	Dec. 7,1		osedale Co					insburg,	Wes	t Vi	rginia	
23. FUNERAL DIRECTOR'S	SIGNATURE	Frede	ADDRESS	rlend		240 RECT	D BY REGIST		ISTRAR'S S			

neral director, d be filed with TO HOLLTAL OR ATTENNING PHYSICIAN: The flow managers that the death certificate be executed within 20 hours after death. Page 1 may III retained by the haspital ar ottending physician.

TO FUNERAL Diff. OR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld a cetached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror prior to burial, cremation, or removal, and in any event within 72 haurs offer death. VS A15 (4) 15M 10/57



Reg. Dist. No.

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VS A15 (4) 15M 9/55

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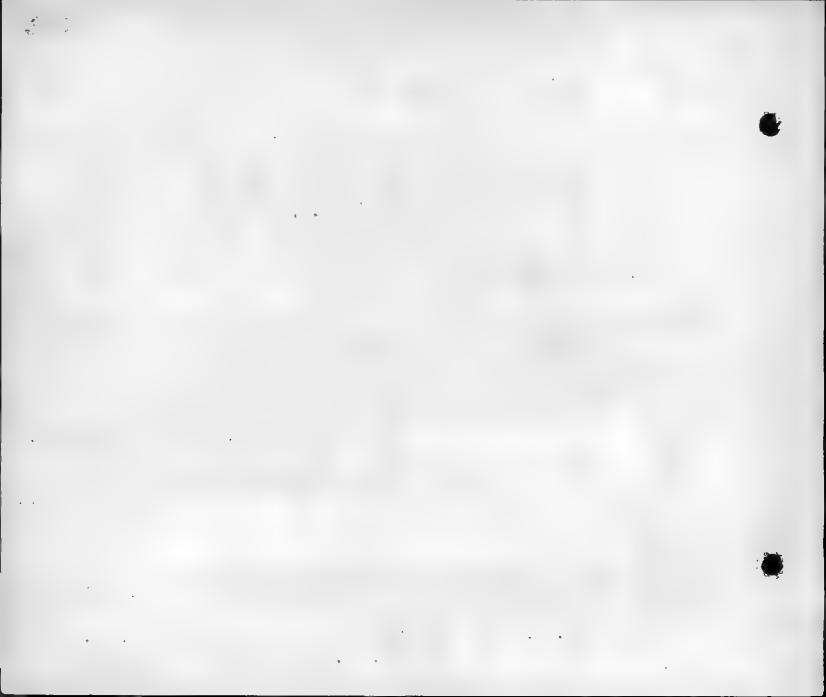
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If imitiation: Residence before admission) a. COUNTY **b** COUNTY MARYLAND FREDERICK MARYLAND SRED BREEK b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside carporate limits, write RURAL and give nearest town) NEAR ADAMSTOWN 20 years RIMAT. NEAR ADAMSTOWN MD. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS 110 OR INSTITUTION YES A NO RURAL. Adamstown Maryland. NEAR ADAMSTOWN, MD. 3. NAME OF First Middle Lost Day DECEASED PENER RAMIE NOFL 1958 DECEMBER (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bisthday) Male white Apr. 13, 1878 Mgleths Haurs Min WIDOWED P DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer. Retired Farming Illinois USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Joseph Noel Ramie Anna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address No 214-36-0404 Daughter. Mrs. H. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate esenteric Thrombosis, actual **DUE TO** couse (o), sloting the underlying couse last. CERTIFICATION PART 13. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o. ft. factory, street, office bldg., etc.) While Nat while at work at work p. m. \_\_\_\_ 19.58 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at\_\_\_\_\_ \_M, from the couses and on the date stated above. ADDRESS (Street, city or Jown, atole) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 12/22/58 St. Pauls Cemetery Near Point of Rocks BURTAT Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FREDERICK 050000



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		13754 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		LACE OF DEATH  Traderick  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. H institution Residence before admission)  o STATE  MARYLAND  D. COUNTY  Address  Addres
M Figure	ib	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A
and differencess	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  BOX 12  S RESIDENCE ON A FARM? YES \( \text{NO DY} \)
delay retaine e State death	1	MAME OF SECRETARY Claude Robert Oden OF DEATH DOWN Year OF SECRETARY 13 1958
If any 3 ta th may be with th urs afte	5. S	
death. 2, and 2 oge 5 and 2 and 2	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CIT.ZEN OF V/HAT COUNTRY 11 BIRTHPLACE (State or foreign country)  13 CIT.ZEN OF V/HAT COUNTRY 11 BIRTHPLACE (State or foreign country)  14 CIT.ZEN OF V/HAT COUNTRY 11 BIRTHPLACE (State or foreign country)  15 CIT.ZEN OF V/HAT COUNTRY 11 BIRTHPLACE (State or foreign country)  16 CIT.ZEN OF V/HAT COUNTRY 11 BIRTHPLACE (State or foreign country)  17 CIT.ZEN OF V/HAT COUNTRY 11 BIRTHPLACE (State or foreign country)
I James	13.	FATHER'S NAME Claude Claus 14. MOTHER'S MAIDEN NAME
Give P Give P File F	15. [Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO. 17 INFORMANT One, of uninown)   Iff yes, give wor or doles of services   NO
m. 18. ng wift permit.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]
receiped in the fice of orangit   oval, o		824x DUE TO
ould be a in penci		Conditions, if any, which agave rise to immediate cause (cg, staling the underlying account for the country for the underlying account for the underlying (cg).
icate shall ending all Exam	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO W
mord 'p Medic Medic Mid be mid, ci	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CO CAUSE OF DEATH.  200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Idem 18.)  Throws from a Car
Control of the contro	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d INJURY OCCURRED 700 PLACE OF INJURY (Home, form, 20f. (City or town) (County)  Hour, Ch. m.  19 of work of wo
Writing of Page 1977, Pringer		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X], and in my
Feore de age		ACTUAL CALLED DATE SIGNED
the certain the ce		EXAMINER'S PS. D. Flyman S DEPUTY MEDICAL EXAMINER DEC. 13-1951
Should FrunEll	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Store)
Q 0 Q 0 VS. A15ME A	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'O BY REGISTRAR 246. REGISTRAR'S SIGNATURE Dama SCUE MA
5M 2/57	-	Colin & To Continue 2 Hours



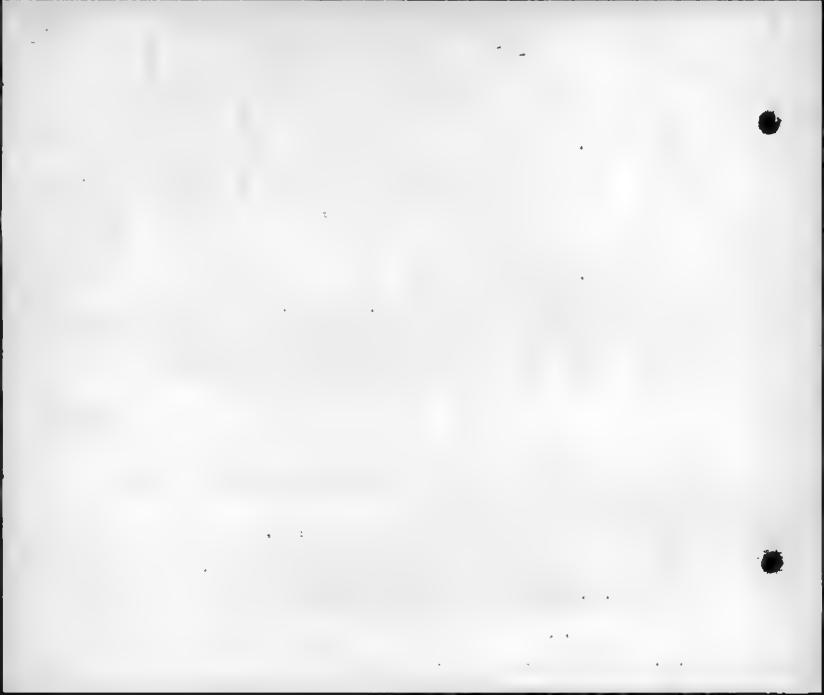
**CERTIFICATE OF DEATH** 12755

Reg.	Dist	Ma
WENT.	wint.	JAID.

			114					walls exists the	V			
	1. PLACE OF DEATH a. COUNTY		MARYLANI	il a STATE		deceased lived. I	f institution			ion)		
		rederick  f outside corporate limits, write			Maryla OWN III outsid	and le corporate limit	write RUI	Freder		13		
	RURAL ond give no Braddock	earest town)	3 Weeks	// Frederick								
90	d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospitol, give stre	et oddress)	d. STREET A	DDRESS	ourth St	neet			FAPM?		
	3 NAME OF	First	Middle	losi		1			YES NO 🔼			
	DECEASED (Type or print) BESSI		IE LENA	PUR		OF DEATH DECEM				19 <b>5</b> 8		
	5 SEX	6. COLOR OR RACE 7. M	ARRIED A NEVER MARRIED			9 AGE	-	Months Days				
	Female		WED DIVORCED		1887	71	yrs.	Months Days	Hours	Min		
= )	during most of worl Housewif	ON (Give kind of work done 10 king life, even if retired)	At Home	DUSTRY 11 BIRTHPU	ACE (State or fo			12. CITIZEN		COUNTRY?		
~/	13 FATHER'S NAME			14 MOTHER'S	MAIDEN NAME	E						
	Henr	y B. Thayer			Mary	Butler						
		R IN U. S. ARMED FORCES? If yes, give war or date of service)	6. SOCIAL SECURITY NO. 17	, INFORMANT			Addres	15				
	No No None Mr. Garrett L. Purdy-Same as Item											
		ATH [Enter only one couse per ATH WAS CAUSED BY:	line for (o), (b), and (c).]	20 200	9				TERVAL BE			
	520×	IMMEDIATE CAUSE (o)	www.	My Vier	um							
	Conditions, if a		4 way									
	couse (o), stoting the <u>under</u> lying couse lost.  (c)											
0	PART II. OTH	TER SIGNIFICANT CONDITION	Koleculating to DEATH &	BUT NOT RELATED TO	THE TERMINAL	DISEASE CONDI	TION GIVEN	IN PART 1(0)	PERFO	AUTOPSY PRMED?		
	20a. ACCIDENT WA	AS UNDERLYING [] 20b. D  CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nature al	injury in Part I	l or Port II of ite	m IB)					
	20c. TIME OF INJUR Hour o. m. p. m.	, Whi		PLACE OF INJURY II factory, street, office	bldg., etc.)			(Count)	1	(State)		
	21. I certify th	at I attended the dece		th occurred at.		1, from the c	19 <u>28</u> ., auses an	that I last : d on the d	saw the	deceased		
	ACTUAL SIGNATURE	4 Lamena	Fahrny	Mo. East		Street, city	or lown, sie	ote) 12	/6/19	ATE SIGNED		
1	PHYSICIAN'S H	. L. Fahrney		Frede	rick, N	aryland	F v -P- 400 but 400 fr					
	220 BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY	OR CREMATORY	228	LOCATION (Cit	y, lown, or	county)	(\$101	e)		
	Burial	Dec 8.1958	Mount Oliv	et_Cemeter	y	Frederi	ck.	Varylan	d			
. V	23. FUNERAL DIRECTOR'		ADDRESS		24a. REC'D BY	REGISTRAR 2		RAR'S SIGNATI				
9 44	M. R. Etch	ison & Son, Fr	rederick, Mary	Land	DATEC	9 10	201361	T. d tou	M-			

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIPCOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld deached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2: The registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57



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VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY idil b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest Jown). 6 mo. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 70 OR INSTITUTION Wyne le nu roma Horne NAME OF Middle Last 4. DATE Month DECEASED DEATH (Type or print) 19-201 BURG 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday} WIDOWED 17 DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) death during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAISEN NAME 72 HOUTS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 201 DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** casse (o), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) factory, street, office bldg., etc.) a. m. While Not while 19 at work ... at work

ADDRESS

21. I certify that I ottended the deceased from

ACTUAL SIGNATURE

PHYSICIAN'S

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

PERFORMED? YES | NO FT (County) (State) ., 1958 that I lost saw the deceased and that death occurred of. A.M. from the causes and an the date stoted above. ADDRESS (Street, city or town, stole) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Ci. Ling S. Thous DATE EC T

Reg. Dist. No.

Months

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

U.SA

Days

ON A FARM?

YES NO P

Year

19 5



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

B			MARTLA	AND 31			T OF DEAL		IMOKE, I	8	1373		
	<u> </u>			3756	CEKIII	FICAI	E OF DEAT	Н		Reg. Dist. No.			
M		CE OF DEATH	derick		MARY	- 11	o. STATE Maryl		lived If institution b. COUNTY	Residence before Frederic			
	b. (	CITY OR TOWN (I RURAL and give no Efferson-	f outside carporate limits, carest towns TUPA.	write c, L	ENGTH OF STAY I	IN 16	c. CITY OR TOWN (III	outside corporo		JRAL and give neare	si lawn)		
M	d. N	NAME OF HOSPIT OR INSTITUTION Car Jeffe	AL (If not in hospital, given	e street addre	93)		d. street Address Near	Jeffers	on		e. IS RESIDENCE ON A FARM? YES NO K		
	DE	ME OF EASED pe or print)	First LEWIS		Middle HOWARD	RF	tost NN . SR .	4. DATE OF DEATH	Man De	b Doy	Year 19 58		
	5. SEX	ale	White	MARRIED			May 1890	9	AGE (In years lost birthday)	IF UNDER 1 YEAR IF			
	0	SUAL OCCUPATION TING THE CONTROL OF	ON (Give kind of wark da ling life even if retired) (Retired)		of Business of		11 BIRTHPLACE (Slot Maryla		intry)	12. CITIZEN OF	WHAT COUNTR		
		THER'S NAME	Renn				4. MOTHER'S MAIDEN	NAME					
	15. W/	AS DECEASED EVE	R IN U. S. ARMED FORCE (II yes, give war or dates of serv	nce)	AL SECURITY NO.		RMANT • Bessie R	enn (Sa	Addr	44 8			
		Canditions, if an ause (a), stating layer is a factoring laying cause last.	The under DUE TO				te ha				AND DEATH		
0	CERTIFICATION		S UNIDERLYING TO 12				T RELATED TO THE TER!				WAS AUTOPSY PERFORMED? ES NO I		
		EITHER, NOTIFY  TIME OF INJURY  Have g. m.	MEDICAL EXAMINER)  Y Manth, Day, Year	20d. INJURY	Y OCCURRED Not while	20e. PLACE	OF INJURY (Home, far , street, affice bldg., e	rm, 20f. (City o		(County)	(State		
	21 al	TUAL	Exa M	leceosed fi , 1958	and that	death oc	35 E. C	5AM, fram ADDRESS (Stre hurch St	the couses a	state)	the deceose stoted above DATE SIGN Dec 1958		
7	22a 8.	IRIAL CREMATION	Rex R. Marti N.   226. DATE THEREOF		D. NAME OF CEME	TERY OR CI	Frederi.		ON (City, lawn, o	r county)	(Slate)		
b	F	MOYAL (Specify)	12-15-58	T	utheran	Cemet	erv	Jeff	erson, M		(5.6.0)		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

director,

hours ofter death. Page

requires that the death certificate be

physician

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**burial-transit** 

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may be reta

VS A15 (4)

within 72 HOURS



VS A15 (4) 15M 10/57 00

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13759 CERTIFICATE OF DEATH

L	Ü	4	J

		4.0							Keg. Dist.	IVO.	
1. PLACE OF DEATH COUNTY	rederick		MARY	LAND	2 USU 0. S	AL RESIDENCE (WI		lived. If instituti b. COUNTY			
b. CITY OR TOWN (I	f outside corporate fimilia,	write	c. LENGTH OF STAY	IN 1b	c C	TY OR TOWN (If		rote limits, write R			
Rural '	rorest town) Taney town		10 yrs		X Rural Taneytown						
	AL (If not in hospital, givi	street o			/ d. s	TREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO X	
3. NAME OF	First		Middle		***************************************	Last	4. DATE	Mor	th	Day Year	
(Type or print)	Winfie	ld	Hamp	ton	]	Ridgely	OF DEATH	Decembe		19 58	
5. SEX	6. COLOR OR RACE 7	MARRI	IED NEVER MARRI	ED []		OF BIRTH		9 AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HR	
Male	men a 1	VIDOWE			May :	2, 1878		lgst birthdoy) 80 yrs.	Manths D	oys Hours Min.	
10a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b	KIND OF BUSINESS C	R INDU			or foreign co	untry)	12 CITIZI	EN OF WHAT COUNT	
Carpente		co	onstruction	n.		Maryland	l		U.S	.A.	
13. FATHER'S NAME					14 M	THER'S MAIDEN			1		
Tivis F	Ridgely				1	Jnknown					
	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO	, 17. II	VFORMA			Add	ress		
no		2]	19-20-0299		rs. ]	Smma Ridg	ely, I	aneytowr	1, R #2	, Maryland	
	TH [Enter only one cous	e per hn	e for (a), (b), and (c).	1						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)_		Neant	10	ril	1110				40000	
4/4X	DUE TO		7.1	-	- 1	1 1	v.f	6 / 3	*	7	
Canditions, if or gove rise to is		/	Chrism	als	2 h	alvare	ar He	aut the	worde	20415	
couse (a), stating		^	A	1		0 0	/	1 %		21	
lying couse lost.	) (c)_	Cer	46640"	Vac	164		cord			GLUD	
PART II. OTH	SER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DE	ATH BUT	NOT REL	ATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPS) PERFORMED? YES NO	
	S UNDERLYING 20	Db. DESC	RIBE HOW INJURY O	CCURREC	(Enter	noture of injury in	Part I or Part	Il of item 18.1		I IES [] NO [	
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)					1.,					
	Y Month, Day, Year	20d IN	IJURY OCCURRED	20e. PL/	CE OF I	NJURY IHome, farm	20f (City	or lawn)	(Co.	enty) (State	
Hour o.m.	19	While of work	Not while of work	100	10ry, 11re	et, office bldg., etc	-1				
	at I attended the d	leceote	ed from	14	1	053 1- 1	17/29	10.5	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	st saw the decea	
alive on _/_2.	129	10.5	Fi and that	dooth		nd at 7:30.	DM from	17	e, indirities	st saw the aecea: date stated aba	
Olive Olizzking		, 1212	Language and mot	ucum	OCCUIT			reet, city or town,		DATE SIGN	
ACTUAL SIGNATURE	Anchelen	1	hourse so	1	M.D.	aury	72	. a Wir	0	12/2/5	
			i/	'	W.D	B	S. L. Y. G.L. S. C. Y.	bar-parameter and the second			
PHYSICIAN'S NAME (Type)	Hmbler		homps	010		Tanes	1101	Ch.	ישנינן	ruland	
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF		22c. NAME OF CEM	ETERY OF	CREMA	ORY	22d LOCAT	ION (City, town,	or county)	(Stole)	
35 1 . 9	T 3 30 20		Harbaugh	Cem	eter	7	Rouze	rville,	Penna.		
23. FLIMERAL DIRECTOR	S SIGNATURE THE	1	ADDRESS				D BY REGIST	RAR 24b. REGI	STRAR'S SIGN		
C.O.Fusi	s & Son.	Tane	evtown. Mar	rvla	nd	DATELAN	12 '59	Chil	hun S. Ti	wind	



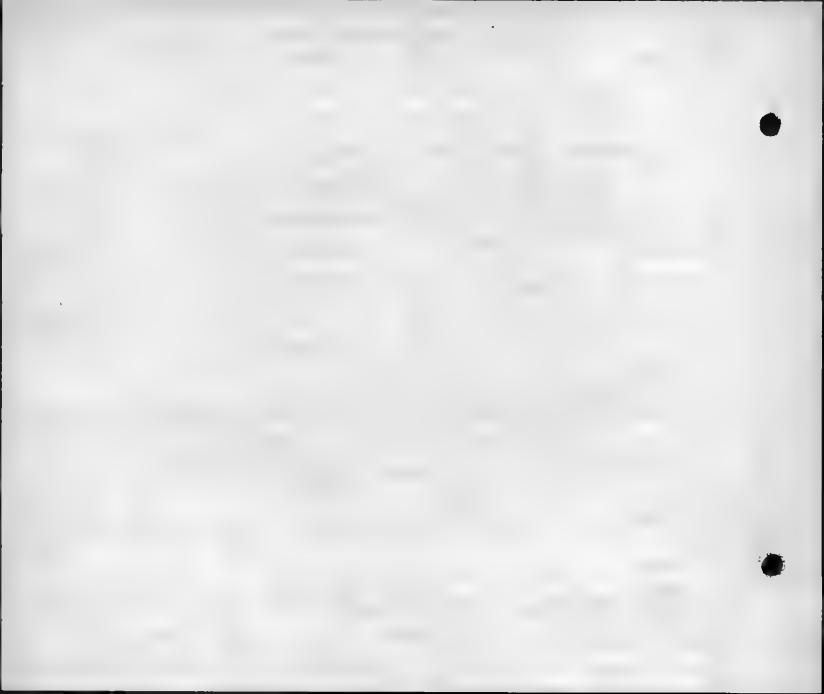
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13722 **CERTIFICATE OF DEATH** funeral director, id be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 69 may be retained by the haspital or attending physician. TO FUNERAL DIFFERED SAFER this certificate has been signed by the attending physician and completely filled in by page 3 shauld the second of the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs after death.

VS A1S (4) 15M 9/55

13738

Reg. Dist. No.

o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
Frederick	MARYLAND		rland	Frederick				
<ul> <li>b. CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town)</li> </ul>	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RL	JRAL and give nearest town)				
Frederick		X Rural Fre	ederick					
d. NAME OF HOSPITAL (If not in hospitol, give at OR INSTITUTION	reet oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
Frederick Memorial	Hospital	1	YES NO					
3. NAME OF First	Middle	Last	4. DATE Mont	h Day Year				
(Type or print)	Alice	2.12.	OF DEATH ].2	7 1950				
	WARRIED THEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.				
F W wid	OWED DIVORCED	9/11/1886	last birthdoy) 72 yrs.	Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	105. KIND OF BUSINESS OR INDU	STRY 13. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?				
housewife	own home	Marvla	.nd	U.S.				
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME					
George P. Wiles		Fannie Ba	bbington					
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? LA SOCIAL SECURITY NO. 17. INFORMANT								
[If yes, give wor or datas of service]	none P	aul S. Rudy	Frederick,	Md. R.F.D.				
18. CAUSE OF DEATH [Enter only one couse p	per line for (o), (b), and (c).)			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Carebral bo	merchage		ONSET AND DEATH				
260× DUE TO		. 0						
Conditions, if ony, which ) (b)	501/2010/12016	Strterie ach	410418	8.10 45				
gove rise to Immediate DUE TO								
lying couse lost.	Diabetes 1116	Ultus						
PART 11. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19, WAS AUTOPSY				
CATI				PERFORMED? YES NO				
PART 11. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING 20b.  OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Po	ort I or Port II of item 18.)					
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
		ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City of town)	(County) (State)				
Hour o. m. 19 of	/hile Not while to	story, areas, ornor blog., sic.,						
21. I certify that I attended the dec	reased from Thank	S 1958 10 /	Dec. 1998	,that I last saw the deceased				
				nd an the date stated above.				
			DDRESS (Street, city or town, t					
SIGNATURE / LL CLECCE CO	Tin-	MD 35 /	Church	5-1 12/8/5%				
		,		a				
PHYSICIAN'S Dr. lielvin E	. Iea	- Frede	210/2-111	61				
22d. BUR AL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	r county) (State)				
REMOVAL (Specify) 12/9/1958	Lutheran C	anetery	Middletown.	Md.				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2		TRAR'S SIGNATURE				
Gladhill Company,	Middletown,	DATED EO	1 6 58	or a. Frank				



Prior

TO FUNERAL DIR page 3 should

VS A15 (4)

15M 9/55

9

TO HOSPITAL

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

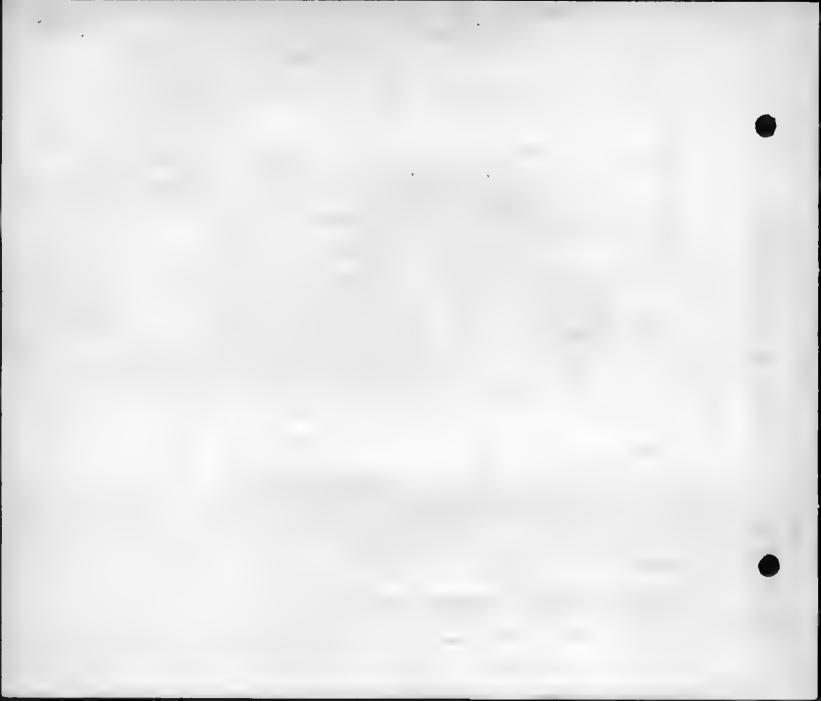
CERTIFIC

ATE OF DEATH	13739
ALE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE b. COUNTY	on Residence before admission)
c CITY OR TOWN If outside corporate limits, write Rt	URAL and give nearest town)
y wackersmille	
d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO Z
Lost 4. DATE Mont	
SAYLOR DEATH Não	46 1958
8. DATE OF SIRTH 9. AGE (In years lost birthdoy)	Months Days Hours Min.
7.01.24, 1879 79 m	Months Days Hours Min.
STRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Marykand	H. S.A.
14. MOTHER'S MAIDEN NAME	1
donusa Michael	
NFORMANT	1 2/ 1/2
its futher E. Horrue, ll	Ketkerorekle, Md.
mlosia	INTERVAL BETWEEN ONSET AND DEATH
1	
tc CVD	15 years
	3
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES IN NO 12
D. (Enter nature of injury in Part I or Part II of item 18.)	
ACE OF INJURY (Home, form, 20f. (City or town) tory, street, office bidg., etc.)	(County) (Stote)
	,that I last saw the deceased
accurred at 2134M, from the causes a	nd on the date stated above.
ADDRESS (Street, city or town, t	Itote) DATE SIGNED
M.O. WALKERSVITCE	, NICE SINGLE
IR	
R CREMATORY 22d. LOCATION (City, town, o	r county) (State)
	TRAR'S SIGNATURE

13759 PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 65 ms d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF **First** Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED + U WIDOWED A DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cherr 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFIE 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRE WEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from and that death ACTUAL PHYSICIAN'S STONER NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATE & U 3 0 '58



1 -	15	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	(1)
	Z	13760 CERTIFICATE OF DEATH Reg. Dist. No.	
director, filed with	M )	1. PLACE OF DEATH Frederick o. COUNTY ARY-ROUTE & MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY Frederick	
uneral Id be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest lawn)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
2 2 2	01	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  OR A FAR.  YES NO.	IMŞ
filled in b ges 1 and		3. NAME OF DECEASED (Type or print) WILLIAM BUCKINGHAM SHAFFAR DEC 1 196	58
- S		5. SEX  MAIE  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IF UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (In yeors   IT UNDER 1 YEAR IF UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (IN yeors   IT UNDER 24    WIDOWED   DIVORCED   AUG -22-1882   9. AQE (IN yeors   IT UNDER 24    WIDOWED   DIVORCED	HRS, Vin.
nd complet n papers. death.		100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  A B F R 17 F F N = M D	JNTRY7
ion or carbo after		13. FATHER'S NAME  14 MOTHER'S MAIDEN NAME  14 MOTHER'S MAIDEN NAME	
ng physici remave 72 hours	( *	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  (You, no gr upfragum)  (If you, give wor or dates of service)  217-03-0745 WIFE	
attending   plmse re within 72		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET AND DEA  3 M	EN LTH
by the it. Their		422,1 DUE TO Conditions, if ony, which ) the arterioscheratie C, V, D,	0/
ion. in signed b nsit permit. and in ony		gave rise to immediate couse (a), stating the under-lying cause last.    DUE TO	
ysic bee	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORMED PERFORMED PERFORMENT - Bileteral YES NO.	D?
ending phicote has the buriof or remay		20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
I or att		20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work of work of work of work	State)
After the hed far rial, are		21. I certify that 1 attended the deceased from 7/1/56, 19, to 12/1/58, 19, that I lost saw the decale on 1/29/58, 19, and that death occurred of 62/74 M, from the causes and on the date stated of	
by the TOR:	,		SIGNED
ERAL DIS 3 shauld gistrar price	- /	PHYSICIAN'S NAME (Type)	PE = - 64
may be r FUNER. page 3 s he regist		220 EURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) (Stote)	-
VS A15 (4)	1	23 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
15M 9/55	ě	17/14CC11/4111 000/14/0101010000000000000000000	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, Rog. Dist. No. necessary, please ex for. Poge 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY O. STATE **b.** COUNTY Frederick MARYLAND Marvland Frederick buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and atve nearest rown) Rural - Frederick Frederick hrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE director ON A FARM? files. YES NO BY à 206 East 3rd Street Park Road NAME OF 3 First Middle DATE Day Month Yeor DECEASED (Type or print) ARTHUR COPE DEATH SHERALD 19 December 58 S. SEX 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED . B. DATE OF BIRTH 9 AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours WIDOWED | Male White DIVORCED [ May 16. yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Interior Decorator Own Marvland **IJSA** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Poges Shevald Margaret Graser ĸ James 980 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address GIVe M3 211-10-2905 Mrs. Madeline R. Sherald-Same as Item #2 No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Self Inflicted Gun Shot Wound of Face and Skull Inst IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS CATION PERFERMED? NO X 200. EXTERRAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) CERTIF 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. | 20f. (City or town) Not while w (County) (Slote) foctory, street, office bldg., etc.) White 12/24 158 of work of work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 4. Inquiry A, and find that death resulted from: Natural couses , Accident , Suicide A. Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Olivet

DEPUTY MEDICAL EXAMINER IN

24a. REC'D BY REGISTRAR

pater 3 3 '58

Cemetery

22d LOCATION (City, town, or county)

Frederick, Maryland

245, REGISTRAR'S SIGNATURE

Certifier & Thous

25 Dec 1958

VS. A15ME(5) SM 9/SS

0

cute the forworde

EXAMINER'S

Burial

NAME (Type) Dra

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL, CREMATION, 226. DATE THEREOF

B.O. Thomas

M. R. Etchison & Son, Frederick, Maryland

EXAMINER:

MEDICAL

DEPUTY



uneral director, If be filed with

Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

may be retained by the hospital or attending physicion.

O FUNERAL DIRECOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should actoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 so the registrar prior to burial, crematian, or remaval, and in any event within 70-mount gler death.

moy be retained by
TO FUNERAL DIRE
page 3 should

VS A15 (4) 15M 10/57

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY Freder:	ick		MARY	LAND	2. USUAL RESIL	ence (Wh			If institution	_	ce before deric		in)
	b. CITY OR TOWN (II RURAL and give ne Freder	outside corporate limit arest town) ick	s, write	c. LENGTH OF STAY	IN 1b	c CITY OR T	reder		orate limi	ls, write R	URAL and s	give neare	st fawn)	
3	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, gi Avenue	ive street (	address)		d STREET A	DDRESS 48 B	& O A	venu	L®			IS RESIE ON A F YES [	ARM?
1	NAME OF DECEASED (Type or print)	Firs IRV		Middle LUTHE	R.	SHUFFLE		4. DATE OF DEATH	1	Mon	th cember	Doy		58
5.	sex Male		7. MARR	IED X NEVER MARRIE		25 Sept	1890	)	9. AGE last 1	(In years pirthday)	IF UNDER Manths	1 YEAR IF		24 HRS Min
10a		ON (Give kind of work ding life, even if retired) aper Operat										IZEN OF	WHAT C	OUNTRY
	FATHER'S NAME			•		14. MOTHER'S	MAIDEN	IAME						
_		• Shuffler					Pool	.e						
		R IN U.S. ARMED FORG Iff yes, give wor or dates of se	rvice)	50CIAL SECURITY NO. 14-10-2232		s. Mary	K. Sh	uffle	er (S	Addr ame a		em #1	.)	
	PART I DEA	TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	e for (a), (b), and (c).	اسر- بع	na.	Al-	2	96	)		ONSET	AND C	WEEN
	Conditions, if an	nmediate		with	-22	Mase	mai	-d 2"	1_			74:	12 7	<u> </u>
_	tause (a), stating (	the under- DUE TO (c)		ntesta		•	-							
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT!	NOT RELATED TO	THE TERMI	NAL DISEA	SE COND	ITION GIV	EN IN PAR	]	WAS AT PERFOR	MED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	RIBE HOW INJURY OF	CURRED	. (Enter nature a	injury in I	art I or Pa	rt II of ite	m 18.)				
MEDICAL	20c TIME OF INJURY Have a.m. p. m.	Y Manth, Day, Yea 19	r 20d. IN While at work	Nat while	20e. PLA fact	CE OF INJURY II ory, street, office	tome, farm bldg., etc.	20f (Cir	y or lawn	)	(0	County)		(State)
	21. I certify the	of I offended the	deceose _, 19. <u>5</u>	£°	death	occurred of	4:201	,	m the c	auses a	,that I I		stoted	
	ACTUAL SIGNATURE	Bloken	-26	20	N	.o. 228	N. Ma					L6 De		
		B. O. Thoma		. D.		Fred	lerick	, Mar	ylan	d			<u> </u>	
220 I	BURIAL (REMAT OF REMOVAL (Specify) BURIAL	12-17-58		Mount Oliv				22d. LOCA Fre			arylaryl	and	(State)	
23.	M. R. Etch	signature nison & Son	, Fr	ADDRESS ederick, Ma	aryla	and	24a. REC'E	BY REGIS			STRAR'S SIG			



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	The same of	1	1	
	1	1		

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Cirthur & Kraus.

**CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY Frederick **b** COUNTY Marvland MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Frederick Life Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution Frederick Memorial Hospital ON A FARM 132 North Market Street YES NOT NAME OF DECEASED Middle 4. DATE WALTER EDWARD SINN December (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lest birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS White Hours Male January 4. 1896 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Same Maryland Attorney at Law 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ella Ketfauver C. Edward Sinn 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT Yes Mrs. Nyra E. Sinn-Same as Item #2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DIOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) a. m. Not while While of work of work 21. I certify that I attended the deceased from .... 19 20 that I last saw the deceased , and that death accurred at 2:25P M, from the causes and an the date stated above. ADDRESS (Street, city or town, stota) ACTUAL SIGNATURE East Church Street PHYSICIAN'S Dr. A. A. Pearre Frederick, Maryland NAME (Type) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) 220. BURIA., CREMATION. (Stole) REMOVAL (Specify) Maryland Dec.31.1958 Mount Olivet Cometery Frederick. 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13795 CERTIFICATE OF DEATH

13745

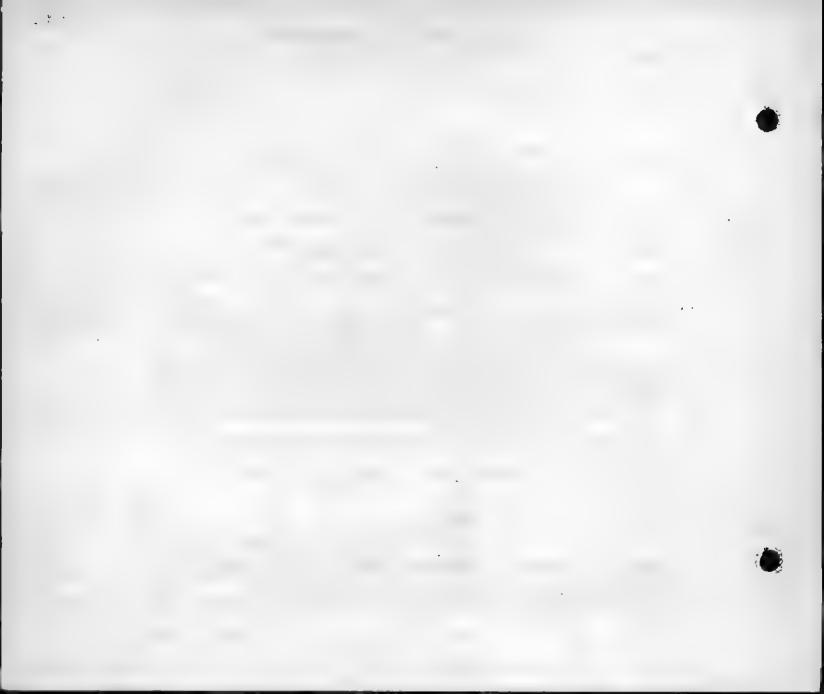
	1/			Keg. Dis	1, 140,
1. PLACE OF DEATH COUNTY Frederick	MARYLAND	A CTATE		b COUNTY	ederick
RURAL and give nearest town]	L LENGTH OF STAY IN 16		N (If autside carporate li	mits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Frederick Memorial Hospit		, d. STREET ADDR	ss 1 East Chur	ch Street	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF First DECEASED (Type or print) ERFELEY	Middle MAY	SPITTLE	4. DATE OF DEATH	Month December	8, 1958
5. SEX 6. COLOR OR RACE 7 MARRIE WIDOWED	4	8. DATE OF BIRTH September	,	A boundhadough	YEAR IF UNDER 24 HRS Doys Hours Min
10a USUAL OCCUPATION (Give kind of work dane 10b Kind during most of working life, even if retired)  Domestic	At Home		(State or foreign country) irginia	12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAI			
Jonas Compher			Mary Cath	erine Wade	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes no. or unknown)   (If yes, give wor or dotes of service)   NO NO		s. Lela M.	Page, R.F.	D.#4,Freder	ick, Md.
18. CAUSE OF DEATH [Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c) }	ungan of	The ante	with	INTERVAL BETWEEN ONSET AND DEATH
451X DUE TO	1 ru	pare			
Conditions, if ony, which gave rise to immediate cause (a), stating the under lying cause last.  (c) (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	IBE HOW INJURY OCCURRED	). (Enter noture of inju	ry in Port I ar Port II af	item 18.)	
20c TIME OF INJURY Manth, Day, Year 20d, INJ Hour a m, White p. m, 19 at wark	Not while foo	ACE OF INJURY (Home tary, street, affice bldg	, farm, 20f. (City or tar j., etc.)	wn) (C	ounty) (State)
21. I certify that I attended the deceased alive an 12-8, 1258	from 12 -8 - , and that death	accurred at 6:	M, fram the	causes and an th	ast saw the deceased
ACTUAL SIGNATURE	artin	M.D. East Ch	urch Street		12/10/58
PHYSICIAN'S Dr. Rex R. Martin		Frederi	ck, Marylan	ıd	
Pro. Burial, CREMATION, 226. DATE THEREOF Burial Dec. 11, 1958	22c. NAME OF CEMETERY OF			City, tawn, or county)  of Rocks.	(Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240	REC'D BY REGISTRAR	246 REGISTRAR'S SIG	
M. R. Etchison & Son, Frede	rick, Marylan	Id DAT	EDEC 1 2 '58	Cirtur 8	House



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	13	163 CEKHILIC	AIE OF DEAIR	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	derick	MARYLAND	o. STATE	and b. cou	Intelligible
b. CITY OR TOWN ( RURAL and give of RLUZZE		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	Charles	rite RURAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	el oddress)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM YES
3. NAME OF DECEASED (Type or print)	John	Middle Ross	Stannet	4. DATE OF DEATH	Month Day Yeor
5. SEX 211	1	RRIED NEVER MARRIED A		9. AGE (In ) lost birthe	
during most of wo	ON (Give kind of work dane 10) king life, even if retired)	Farm	DUSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUN
13. FATHER'S NAME	7. Starner		14. MOTHER'S MAIDEN N	Bakon/	,
15 WAS DECEASED EV	ER IN U. S. ARMED FORCES? [1]	6. SOCIAL SECURITY NO. 17.	Mrs. Jennie Mc	ruinastar	Address
	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)( DUE TO	line for (o), (b), and (c).	sadia		INTERVAL BETWEEN
Conditions, if of governing to code (a), stating lying couse lost.	immediate ( DUE 70	Congestion.	Prost far	Qu.	? year
CATE	` '	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED' YES NO
O (IF EITHER, NOTIFY	AS UNDERLYING   206. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Port I or Port II of item 18	3.)
20c. TIME OF INJU Hour o. m. p. m.	Whil		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	, 20f. (City or town)	(County) (Ste
21. I certify I	hal I attended the deced		th accurred at 5		Sthat I last saw the decer ses and an the date stated ab lown, state)  DATE SIG
PHYSICIAN'S T	HOMAS A. L	OYE			
REMOVAL (Specify	1/3/57	U.B. Cerre	and the same of th	22d. LOCATION (City, to ZELLETILE	nt: mo
23. FUNERAL DIRECTOR	rton 11:00	ADDRESS RC 7 2000 De	24a. REC'I	an 5 '59	REGISTRAR'S SIGNATURE

may be retained b VS A1S (4) 15M 9/5S



VS A15 (4) 15M 10/57

07

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13726

**CERTIFICATE OF DEATH** 

13747 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fr	ederick		MARYL	AND	2 USUAL RESID		yland	lived If instituti b. COUNTY	_	e before adm	
b. CITY OR TOWN (H RURAL and give ne Frederic	outside corporate limi arest town) CK	ls, wrile	c. LENGTH OF STAY IN	V 16	c. CITY OR 1		derick	ote limits, write R	URAL and gi	ve nearest to	own)
OR INSTITUTION	At (If not in hospital, g	ive street	oddress)		d STREET A		n Aven	nue		ON	RESIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	LYD.		Middle KATE		STARR		4. DATE OF DEATH	Decer		Doy 28,	Yeor 1958
5. SEX Female	6 COLOR OR RACE	7 MARR	IED A NEVER MARRIED  DIVORCED	_	June L		6	P. AGE (In years lost birthday) 62 yrs	Months E	YEAR IF UN Days Hou	
10o. USUAL OCCUPATION during most of work Domestic	IN (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OR At Home	INDUS	TRY 11 BIRTHPL	ACE (Stole of Maryl	or foreign con	unity]	12. CITIZ	USA	AT COUNTRY?
13. FATHER'S NAME	Damman				14. MOTHER'S			C			
Robert T		C552   14	OCIAL PECUPITY NO	117 18	FORMANT	Alic	e Ve	Suman			
(Yes. no. ar unknown)	NO	neoriese)	19-20-0203	1		. Sta	rr-Sam	ne as It			
	TH WAS CAUSED BY- IMMEDIATE CAUSE (o DUE TO  Ty, which (b) nmediote (DUS TO	Co	ne for (o), (b), and (c).] Mary Mercuse	_	relies			islar	e e	INTERVAL ONSET AN	lean
CATIC			ONTRIBUTING TO DEAT						EN IN PART	PER	S AUTOPSY FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESI	CRIBE HOW INJURY OC	CUKKED	. (Enter noture o	t injury in P	of I or Port	II OF ITEM IB J			
20c. TIME OF INJURY Hour o. m. p. m.	f Month, Doy, Yes	While	NJURY OCCURRED 2 Not white t of work	ige. PLA foct	CE OF INJURY (I ory, street, office	Home, form, bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stole)
actual SIGNATURE	wherts		ond that of	death	occurred of	1:00A Chur	M, from ADDRESS (Sie Ch. Str	eet, city or town,	and on the	e date sta	ne deceased ated above DATE SIGNED 29/58
LANGUE [1Abe)	Dr. Robert						, Mary				or of the eller we want do you of
220. BURIAL, CREMATION REPORTED SPECIFY)	Dec 31,		Mount Oli					on (City, town, cederick			ole) 71.and
23. FUNERAL DIRECTOR'S		wa F	ADDRESS rederick. M	arv	land	240, REC'C	BY REGISTR		STRAR'S SIGN		



L		1372	7 CERTIFIC	AIE OF DEAIR	1	Reg. Dist. No.
Ī	PLACE OF DEATH	FREDERICK	MARYLANG	2. USUAL RESIDENCE (W)	ure deceased lived. If institution b. COUNTY	n. Residence before odmission)
	RURAL and give	FREDERICK	40 Yrs.	c. CITY OR TOWN (IF 6	utside corporate fimits, write RU	RAL and give nearest town]
	d. NAME OF HOSPI OR INSTITUTION	TRAL (If not in haspital, give street FREDERICK ME	net address) EMORIAL HUSPITA	d STREET ADDRESS FREDE	RICK, MARYLAN	e. IS RESIDENCE ON A FARM? YES NO K
3	I. NAME OF DECEASED (Type or print)			Stottlemyer	4. DATE Monti	
	Male Male	White woo	ARRIED MEVER MARRIED DIVORCED	185 20 188	tost birthday)	HUNDER I YEAR IF UNDER 24 HRS. Manths Days Hours Min
[	On. USUAL OCCUPATE duting most of we Line Form	ION (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR INI L Electrica	DUSTRY 11. BIRTHPLACE (Stote III) Frederi.	or foreign country) ck County M.	12 CITIZEN OF WHAT COUNTRY USA .
Ī	3. FATHER'S NAME	John R. Stottl	Lemyer	14. MOTHER'S MAIDEN N Susan FI	izabeth Wolfe	
	S WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 217-10-9419	Wife, Mrs. Ma	tilda Stottlem	TO THE PROPERTY OF INC.
		ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Tine for (a), (b), and (c).] //	art block		INTERVAL BETWEEN ONSEI AND DEATH
l	Conditions, if a		Todonary	Solveris		3453
  .	Lying cause last	the under-			•	
VOIS A PLOT	PART II. OT	THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		AS UNDERLYING   206. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in f	Port E or Part II of item 18.)	
14EDICAL	20c. TIME OF INJU Hour o. p. p. m.	Whi		PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
l	·	hat I attended the dece	A. S.	// 190 X, to /	12-3/ 1956	that I last saw the deceased
	ACTUAL SIGNATURE	irt H Jan	unitary	M.D. S. E	ADDRESS (Street, city or town, st	d on the date stated above
	PHYSICIAN'S NAME (Type)	Karl H. Tann		8 E. 2nd		lerick, M.
L	20. BURIAL, CREMATIC	Jan. 3, 159		OR CREMATORY Cemetery	Frederick, Ma	county) iryland (Stote)
2	3. FUNERAD DIRECTOR	R'S SIGNATURE	Frederick, Ma			RAR'S SIGNATURE

DATE AN 5

TO FUNERAL DIFF.
page 3 should
the registrar prior it TO HOSPITAL OR

if director, filed with

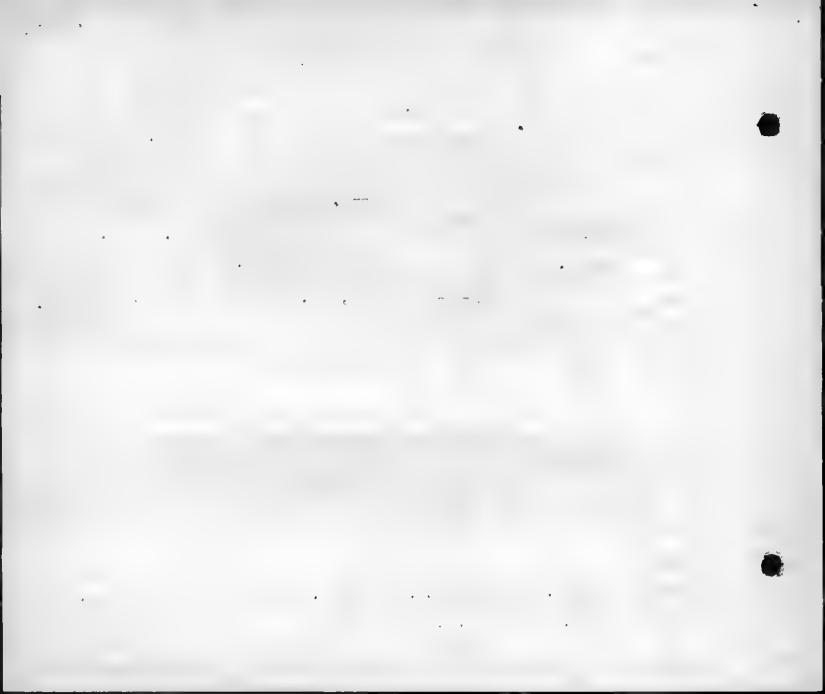
Funeral (

2.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page

er this certificate has been signed by the attending physicion and completely filled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 caramation, or remaval, and in any event within 72 hours offer death.

TIT: After this certificate has been signed by latoched for use as the burial-transit permit.



VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13764 CERT

#### **CERTIFICATE OF DEATH**

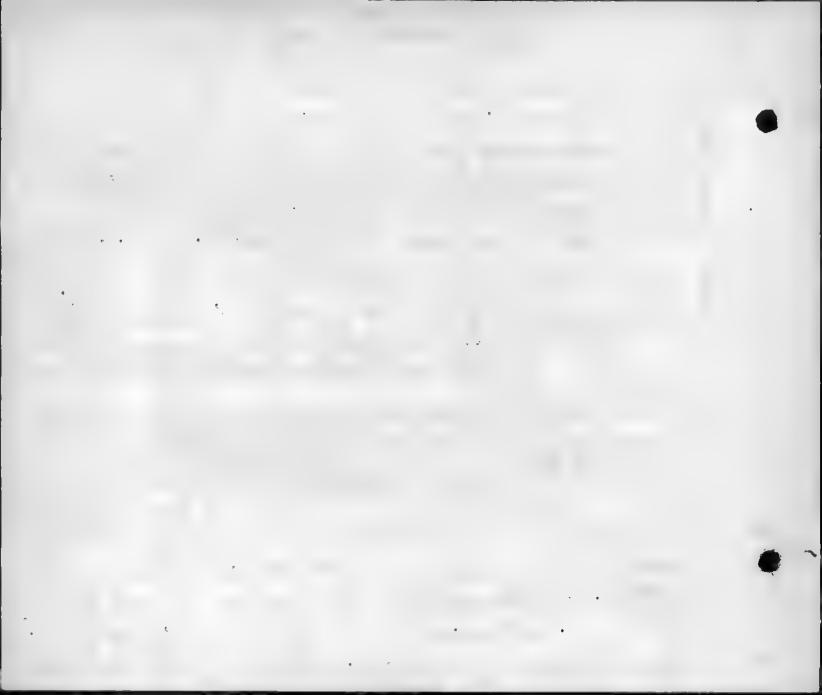
13749

1. PLACE OF DEATH o. COUNTY	Wmodomi ole	MARYLAND	2 USUAL RESIDENCE		lived. If institution b. COUNTY-	on: Residence bef	ore admission)
L CITY OF TOWN!	Frederick If outside corporate limits, wri			vland			
RURAL ond give n	earest town)			I (If outside corpora			
	fferson	12wks		1Mt.	ALLY	OCX.	
OR INSTITUTION	TAL (If not in hospital, give str Glenmerrie 1	Vursing Hone	d. STREET ADDRE	11			ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	LAWSON	Middle H. S	Lost SUMMERS	4. DATE OF DEATH	Men () E	th D	19.58
5. SEX	6. COLOR OR RACE 7 M	ARRIED A NEVER MARRIED	B DATE OF BIRTH		AGE (In years		R IF UNDER 24 HRS
male	white wo	OWED DIVORCED	7-22-18	91	last/birthday)	Months Days	Hours Min
10a. USUAL OCCUPATE during most of wor		06. KIND OF BUSINESS OR INDU	Maryl Maryl		untry)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	Jonas V. Sur	nmers	14. MOTHER'S MAILE Fan		у		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Addr	ess	
no			Mrs. Eva	M. Summ	ers, S	Semv	
PART I. DEA  Conditions, if a gove rise to i couse (a), stoling lying couse lost.	mmediate the under- (c)	Branchogs	Ulela St	reman	ereme	or or	IERVAL BETWEEN SET AND DEATH  THO
ICATIC		NS CONTRIBUTING TO DEATH BUT				EN IN PART 1(o)	PERFORMED?
	AS UNDERLYING 1 20b. I CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW HAJOR! OCCURRE	or ternes notions or repor	y an roll   or roll	ii oi nem io.j		
ZOc. TIME OF INJUING HOUT O. m. p. m.	· . wi	d. INJURY OCCURRED 20e. PL nile Not while work of work	ACE OF INJURY (Home, story, street, office bldg	form, 20f (City of etc.)	or tawn)	(County	r) (State)
21. I certify th	of I attended the deci		2.819.58, to	Your	3, 19,55	that I last s	saw the deceased
olive an	17. C. 2. 1	2.5 S. and that death	occurred at 8	LM, from	the causes o	nd on the de	ote stated above
ACTUAL SIGNATURE	1. 8	Drie	M.D. Jeffers	on, Mary			12-4-58
	. T. Brice, M	• D•					
220. BURIAL CREMATIC REMOVAL (Specify)	N, 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY		ON (City, town, o		(Stote)
BURTAL	12-6-1958	Mt. Olive	t	Fre	derick	Md.	
23 FUNERAL DIRECTOR		ADDRESS	240.	REC'D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNATE	JRE
C. M. Wal	Ltz. Winfield.	Maryland	DATE	0.10	17.78	1 9 House	4.



death.

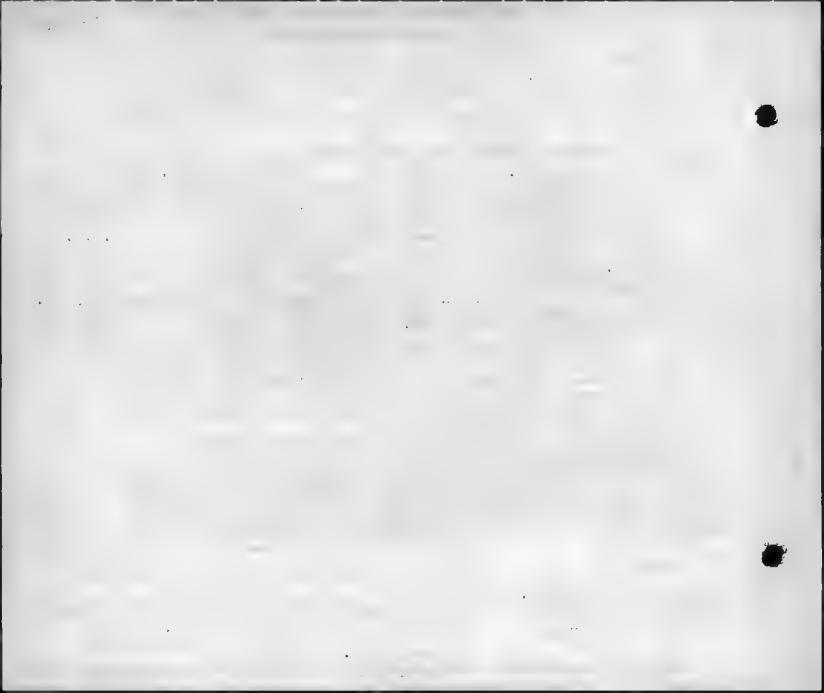
haurs ofter



ofter death.

deoth certificate be executed

requires that



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12759

	13	728	CERTIFIC	ATE OF DEATH	1		Reg. D			
1. PLACE OF DEATH o. COUNTY Fre	derick		MARYLAND	o. STATE Maryla			r. Reside			ion)
RURAL and give no		ts, write	c. LENGTH OF STAY IN 16 Since-1946	c. CITY OR TOWN (If c		rote limits, write R	JRAL ond	give nec	arest town	¢}
#rederic d. NAME OF HOSPIT OR INSTITUTION Last S	AL (If not in hospital, g econd Stree	ive street		d STREET ADDRESS		nd Street	,			FARM?
3. NAME OF DECEASED (Type or print)	Fii CHA	RLES	Middle EDWARD	Lost WALKER	4. DATE OF DEATH	Mon De	ecemb	o	-	Year 19 58
5. SEX Male	6. COLOR OR RACE	7. MARR	D DIVORCED	8. DATE OF BIRTH 20 Sept 1887		9. AGE (In years last birthday)				Min
10a USJAL OCCUPATION during most of work Retired Fac	ting life, even if retired	1 I.	kind of Business or Inde Farm Owner	USTRY 11. 8IRTHPLACE (Stole Mary	or foreign o	ountry)		TIZEN C	F WHAT	COUNTRY
Charles D.	Walker			Estelle Al						
15 WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of s	erure)		informant rs. Helen Arms	trong	Walker (		as	item	#1)
PART 1. DEA  HHG X  Conditions, if o gove rise to i coute (o), stoling lying couse lost	the under-	CV	remed I	yhntis schwe	LR.	*		ON:	ERVAL SE SET AND	
200. ACCIDENT WA	IER SIGN/FICENT GON S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	11	1 Sams	ED. (Enter nature of prury in	14		EN IN PA	RT 1(o) 1	PEPFO YES	AUTOPSY PRMED? NO [[]
20c. TIME OF INJUR Hour o. m. p. m	Y Month, Day, Ye 19	20d. It While of worl	Not while fe	LACE OF INJURY/Home, form actory, street, office bldg., etc	20f. (City	or town)	(	(County)		(Stole)
ACTUAL SIGNATURE	of Lottended the	, 125 nne		h occurred at 5:30A  MD 8 E. Second  Frederick,	ADDRESS (Se	n the causes a	nd on t	last so	te state	ed above ATE SIGNE
220. BURIAL, CREMATIO			22c. NAME OF CEMETERY O			TION (City, lawn, a	r county)		(State	e)
REMOVAL (Specify)	12-1-58		Central Ceme	etersz		arick Con		Marro		•

24g REC'D BY REGISTRAR

DATE

3 58

O Thur S. Krause

23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland

may be retained by the hospital ar attending physician.

TO FUNERAL DIPPLYOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld. Testached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

PHYSICIAN: The low requires that the death certificate by executed within \$4 hours after death. Page



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 13767 Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MA RYLAND b. COUNTY FREDERICK FREDERTCK MARYLAND haurs ofter death. ero b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 21.00 RUPAL and give occurest towal GHTS BRADDOCK HEIGHTS. Š P d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Home of Daughter Dear Spring Rd. Braddock Hgts. YES NO T 2 NAME OF Middle 4. DATE Day Yeor DECEASED HENRIKKA WALTER JAHN. alter December (Type or print) DEATH 19 \ F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) completel SEPT. 1, 1885 Months WHITE Hours FEMALE WIDOWED T DIVORCED [7] yes 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Home inker Maryland USA . puo Homennker corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate OTTO EMMARENCA BROGELMAN GEORGE JAHN геточе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Roy H. Walter. Braddock Heights Md. attending NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adous carringma 4000 DUF TO ۵ any Conditions, if any, which ťЫ gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. ft. factory, street, office bldg., etc.) Not while 19 of work of work p. m. 21. I certify that I attended the deceased from December 1955, to The 31, 1918 That I last saw the deceased and that death occurred at 3,500 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI prior FUNERAL DI L. R. SCHOOLMAN. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) PARKWOOD CEMETERY BALTIMORE MARYLAND 9 23. FUNERAL DIRECTO ADDRESS FREDERICK. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FUNERAL HOME DATE: N 0 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATESTA

Rea. Dist. No

Months

Frederick

e IS RESIDENCE

20,

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?\_ YES [ NO A

> > (State)

DATE SIGNED

(Stote)

Maryland

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

(County)

ON A FARME

YES NO

58

executed within 24 hours after death. VS A15 (4) 15M 10/57



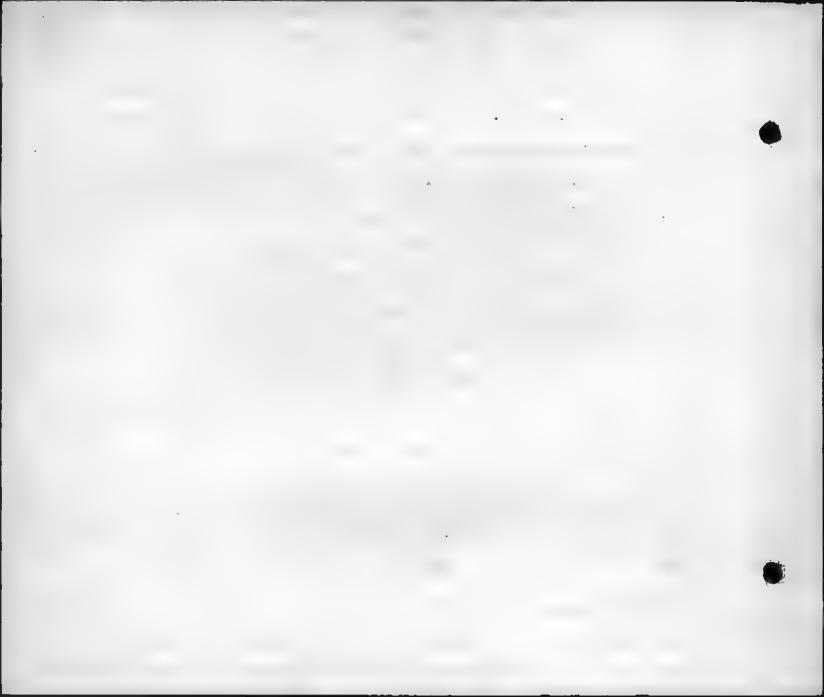
2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Frederick √ c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) St. Anthony --- Thurmont rural ON A FARM? YES | NO X Year 19 58 Dec. 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Thurmont RD INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) (County) (State) Nec. 14, 1958, that I last saw the deceased and that death accurred at 2:30 A.M. from the causes and an the date stated above 22d. LOCATION (City, town, or county) BURENOVAL (Specify) Anthony Cemetery Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Civiling & Frank E. Greager Thurmont, Maryland DATEDEC 1 9 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death.

M

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13730 CERTIFICATE OF DEAT	ERTIFIC	ATE OF	DEAT	Н
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13758

	20	1170			reg. Dist. 140.
1. PLACE OF DEATH  o. COUNTY  FI	eder ick	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary)	L COUNT	fion: Residence before admission)  Frederick
Frederi	.ck	Days		outside corporate limits, write t	RURAL and give nearest town)
	Memorial Hos		d. STREET ADDRESS	st Patrick Str	et s residence on a farmo yes no to
3. NAME OF DECEASED (Type or print)	First JOSEPH	Middle	YOUNG	4. DATE Mo OF DECE	ember 29, Yeo 58
5. SEX Male	mani a s	MARRIED   NEVER MARRIED   DIVORCED	March 9, 189	9. AGE (In years logs birthday) Out yrs	Months Doys Hours Min.
100. USUAL OCCUPATI during most of wor Laborer	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR IND Silo Factory	USTRY 11. BIRTHPLACE (SIGN	e or foreign country) yland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	eph Young		14. MOTHER'S MAIDEN ELLIGH I	NAME ). Crummitt	
15. WAS DECEASED EV (Yes, no. or unknown) Yes	ER IN U. S. ARMED FORCES? (If yea, give wor or dates of service)		informant ir. George E.	Jacobs, Freder	Fourth Street, rick, Maryland
Conditions, if a gove rise to couse [o], stoting [ying couse lost.]  PART II. OT 20a. ACCIDENT W. 20a. ACCIDENT W. (IF EITHER, NOTIF)	immediate DUE TO	HULLIONS CONTRIBUTING TO DEATH BU	Mellita  IT NOT RELATED TO THE TERA	AINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	G LI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR			
20c. TIME OF INJUI Hour o. m. p. m.	- W	Od. INJURY OCCURRED 20e. I fhile Not while i work of work	PLACE OF INJURY (Home, for octory, street, office bldg., et	m, 20% (City or town)	(County) (State)
actual signature	hat I attended the dec	newlean	M.D. East Seco	ADDRESS (Street, city or town, and Street	(in that I last saw the deceased and an the date stated above pare signer 1/2/59
	Jan 3,1959	20: NAME OF CEMETERY Mount Oluve		22d. LOCATION (City, town, Frederick,	or county) Maryland
23. FUNERAL DIRECTOR	r's signature hison & Son,	ADDRESS Frederick, Mary.	land	TO BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE

